

REPORT OF THE PROCEEDINGS
OF THE
NORTHUMBERLAND & DURHAM
MEDICAL SOCIETY.

SESSION 1869-1870.

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NORTHUMBERLAND & DURHAM MEDICAL SOCIETY.

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NORTHUMBERLAND & DURHAM MEDICAL SOCIETY.

THE Annual Meeting was held in the Infirmary, on Thursday, September 30th ; Dr. GIBSON, President, in the chair.

Mr. Christopher Jeafferson, Hood Street, was elected a member of the Society.

The following gentlemen were proposed for election as members :—

Dr. Smith, Blackett Street.

Mr. Stanley Peacock, Infirmary.

The Secretary read the Annual Report, as follows :—

REPORT FOR 1868-9.

IN reviewing the proceedings of the past year, your Committee have the pleasure of reporting that, on the whole, it has been a successful one. The pathological tray has been well supplied. Several good papers have been contributed, and, with one or two exceptions, the meetings have been well attended.

The following pathological specimens have been exhibited :—

Dr. CHARLTON.—Hypertrophy and dilatation of heart.

Dr. HEATH.—Encephaloid cancerous tumour. Malignant growth from heel. A patient from whom he had removed the left half of the lower jaw ; and urinary calculi from twelve patients—the result of a year's practice—recovery in all.

Dr. GIBB.—Calcareous tumour removed from prepuce. A mulberry calculus; and specimens of necrosis, with attempts at repair in bones.

Dr. PHILIPSON.—Fibrinous mass from case of plastic bronchitis. Hypertrophy of heart in a sheep; and a recurrent tumour and intra-uterine encephaloid growth removed by Mr. Lightfoot. Dr. Philipson also exhibited microscopical preparations of many of the pathological specimens.

Dr. GEORGE BERWICK.—Fibrinous clots from the heart.

Dr. DENHAM.—Urinary calculi from female bladder.

Dr. ARNISON.—Aortic aneurism perforating sternum.

The following is the list of papers contributed :—

Dr GIBSON.—1. On menorrhagia. 2. On Chorea.

Dr. EMBLETON.—1. A case of aortic aneurism.

Mr. FIELDEN.—Notes of cases treated by Lister's method.

Dr. GIBB.—1. Notes of three cases of tetanus. 2. On a case of tetanus.

Dr. EASTWOOD.—Report of cases treated in the Newcastle Fever Hospital during the year 1867-8.

Dr. ARNISON.—Notes of a case of tetanus.

Dr. H. GRAINGER STEWART.—On a case of aphasia.

Dr. REILLY.—On three cases of pneumonia.

Dr. PHILIPSON.—1. Notes of three cases of bronchocele in the male. 2. Aortic aneurism; being an account of the case of the late Mr. Pyle.

Dr. PEART.—On the late epidemic of typhoid in North Shields.

Dr. BRAMWELL.—On the same.

Dr. Peart's paper supported the view that the epidemic was caused by the water used in the infected districts, and this gave rise to a counter-blast by Dr. Bramwell, who attributed it to defective drainage. The papers gave rise to a very animated discussion.

Last year the Society numbered one hundred and six members—this year the number is one hundred and five, the following changes having taken place. Nine new members have been added, five have resigned, two have been struck off the list for non-payment of subscriptions, and three have died. Of the latter was Mr. Pyle of Earsdon. The Society, after his death, passed a vote of condolence, of which the Secretary was requested to inform his family.

Financially, the Society stands as follows:—Income, including balance from last year, £64 5s. 4½d.; expenditure, £60 9s. 6½d.;

balance in hand, £3 15s. 10d. This balance, however, looks much less favourable when it is remembered that the balance at our last annual meeting was £13 16s. 4d., shewing that, during the past year, our expenditure has exceeded our income by £10. If the arrears of subscriptions were paid up our financial position would be very different from this; and, therefore, the Committee respectfully, but at the same time earnestly, request those members who are in arrears to pay their subscriptions as early as convenient.

The public medical practitioners of Newcastle and Gateshead continue regularly to furnish returns of sickness and mortality in their practice; and these returns, after being carefully compiled by Dr. Philipson, are distributed to the members of this Society. The reports and tables founded on these returns are becoming yearly of increased value, and the constant reference made to them by the medical and daily press shows the value attached to them by the public.

Apart from the strictly professional work of the Society, there are two or three subjects worthy of note. The last session has been conducted under an altered code of rules; some of the alterations were of considerable importance, and have been found to work well.

During the recess, your committee, in the name of the Society, and in conjunction with the various bodies of medical men in Newcastle and Gateshead, issued an invitation to the British Medical Association to hold its annual meeting in Newcastle in 1870. This invitation has been accepted, and next year will witness the first meeting of the British Medical Association in Newcastle, under the Presidency of Dr. Charlton, a former President of this Society. Your committee trust that their action in this matter will meet with the approval of the Society, and that the reception of this great Association in this town may be such as to rival even that of Dublin, Oxford, and Leeds.

The last subject the committee have to notice is the proposal of Dr. Eastwood, to amalgamate this Society with the Northern Branch of the British Medical Association, embodied in a letter to the Secretary. This is of such an important character, that the committee beg for its consideration the most careful attention of the members of the Society.

Dr. BURNUP reminded the members that the Society is now "of age," having completed the twenty-first year of its existence.

On the motion of Mr. CLARKE, seconded by Dr. EASTWOOD, the Report was adopted.

Dr. EASTWOOD then read the following letter, which he had written to the Secretary for consideration by the committee, and

which, as mentioned in the Report, is referred by them to the Society :—

TO THE SECRETARY OF THE NORTHUMBERLAND AND DURHAM
MEDICAL SOCIETY.

SIR,—As a member of the above society, I request you to place this letter before the committee at their next meeting.

My object is to propose a plan which, if carried out, will cause the extinction of the society : not because it has failed in its design, but because, in my opinion, it can be more usefully merged into another and more extensive association. Few local societies have been more successful than this, and I freely admit it ; but for several years past it has been nearly stationary, whilst the Northern Branch of the British Medical Association has increased during the last year from 100 to 150 members. Throughout the provinces, the most successful societies and meetings of medical men are formed by the branches of that large and influential Association, which now numbers more than 4,000 members, and which has become a power not only in the profession, but in the United Kingdom. I need only instance the Birmingham and Midland Counties, and the Bath and Bristol branches, at whose meetings 40 to 60 members assemble together. These and other branches, including one of the most recent ones—the Cumberland and Westmorland—are so constituted that, whilst forming parts of a great association, they are at the same time adapted to the purposes, and fulfil the functions, of local societies. The tendency, both in London and in the provinces, is for medical societies to amalgamate, or be connected together. Thus we see it shown in the attempt now being made to unite a number of London societies to form a Royal Society of Medicine ; and in the country, the most flourishing societies are those forming part of the British Medical Association. Every branch is allowed to make its own rules, and thus a considerable share of independence is permitted.

In effecting a junction between the Northumberland and Durham Medical Society and the Northern Branch of the British Medical Association, the former and much older society would stipulate that its own special advantages should be retained, and that the united society should answer all the wants of the two counties. Their districts are co-extensive, and their objects are the same. As far as the members themselves are concerned, this change would not be so serious as would appear at first sight, and by carrying it out, the whole energies of the profession would be concentrated on one instead of two societies.

On comparing the last published lists of the Northern branch and the older society, it appears that the former has 149, and the latter 108 members, of whom no less than 60 are members of the

branch. There are, therefore, only 48 members who would be affected by the change I propose. If these gentlemen could be induced to join the British Medical Association and the branch, it could not be done at a more suitable time than the beginning of next year; and thus, when the annual meeting is held at Newcastle next summer, the Northern branch would muster 200 strong, and would be one of the leading branches in the kingdom.

The plan I propose is, that after a union has been effected, the branch should have at least thirteen meetings, or one every four weeks, during the year; six of them to be held at Newcastle, as heretofore, two at Sunderland, and one each at Durham, Darlington, Stockton, Hartlepool, Bishop Auckland, or South Shields. On account of the easiness of access to Newcastle and other towns, North Shields, South Shields, and Bishop Auckland might prefer, through their respective members, not to have a separate place of meeting; but I should like to see meetings held at Hexham, Alnwick, Morpeth, or any other town where a sufficient number of medical men could be found to assemble together and ensure a good meeting. It would be a good opportunity, also, for the members at Newcastle, and other places, to make the acquaintance of their medical brethren in their respective localities, and it would tend to the union of the profession. The number of places may be increased or diminished according to the character of the meetings; but there ought to be at least thirteen meetings during the year. All these ought to be considered as branch meetings, since members from every part of the two counties would be equally entitled to attend. If the members of any town and neighbourhood were sufficient to enable them to meet oftener than proposed, they could do so, without the meeting being considered an official branch meeting.

The annual meeting of the branch could be held as before, alternately in either county. The experience of last year shows that a more numerous assembly can be obtained at a town like Darlington than Newcastle afforded this year. At the latter place, the opportunity is common—at the former, it is more rare, and perhaps, therefore, more prized.

As to the publication of the Transactions, I see no objection to this being continued, if thought desirable. At present they are not printed with the intention of having the numbers bound together, and they are sometimes thrown away as waste paper. Many valuable papers have been published in these Transactions, after being read before the society. There is, however, a serious objection to obtaining good papers at the Northumberland and Durham Medical Society, in the fact that any one who has carefully prepared a paper, does not always choose to consign it to the reading of 108 members, beyond whom it is scarcely seen. He

reserves his most valuable contributions for a more widely circulated medium, that is, for journals which stand high in the estimation of the profession. If Transactions of the united society were published, the best papers could be transferred to the pages of the "British Medical Journal," the supply of which to all the members is not one of the least of the advantages of membership of the association.

The sixty gentlemen who are members of the society and branch pay £1 13s. 6d. annually in subscriptions. By the union, I think, £1 8s. 6d. would be sufficient from 200 members. If the former rate were still continued, some additional advantages might be given, and the meetings made to partake of a more social character. In North Wales, the members meet quarterly, at different towns, to read papers, and dine together.

What I have now proposed is only a sketch of a plan which may be altered and improved in many respects. If the union be ultimately decided upon, it will become necessary for both committees to meet together and arrange terms; but it rests with the committee, of which you are the Honorary Secretary, to take the initiative. At a proper opportunity I shall be prepared with other details, and I now request the committee to take the matter seriously into their consideration, and to acquaint the members at the first meeting of the next session with the plan which I humbly and respectfully, yet confidently, bring forward.

I am, Sir, your obedient servant,

J. W. EASTWOOD, M.D.

Dinsdale Park, Darlington, Aug. 27th, 1869.

Dr. EASTWOOD concluded by moving the following resolution:—
"That the Northumberland and Durham Medical Society amalgamate with the Northern Branch of the British Medical Association, and that meetings of the United Society be held at Newcastle and at other towns in the two counties."

Mr. HARDY cordially endorsed the proposal to amalgamate, but could not support the proposal of meeting in different towns. He thought the meetings should be held in Newcastle, as the most central point of the two counties, except only the Annual Meeting, which he thought might be held in different towns. He thought the amalgamation of the societies would be of advantage to both, and seconded the resolution.

Mr. HAWTHORN said only half of the members were members of the Association, and might not be willing to join. The meetings were too numerous, and for many reasons, he moved an amendment "That the Society do not amalgamate with the Northern Branch of the British Medical Association."

Dr. TAYLOR SMITH agreed with Dr. Eastwood, that we should concentrate our energies on one society. Members would then not need to consider at which society a paper should be read. He, however, objected to the proposal to meet in various towns, and thought Newcastle most convenient.

Dr. GIBB said when Dr. Philipson first proposed a local branch of the British Medical Association, he suggested a junction with this society; but the change proposed by Dr. Eastwood was so sweeping that he hesitated, and suggested that it be deferred for the consideration of all the members of the two societies.

Dr. BURNUP thought that when two societies amalgamated, the benefits should be mutual; but he did not see any benefit this society would receive. It possessed many advantages which might not be conferred on the joint society; for instance, the use of the Infirmary library. Our meetings are held in the evening, but if the society had to meet in various towns, with scanty railway accommodation, the meetings must be held in the daytime, and who could then attend them? As to the publication of papers, he did not think the journal of the Association would then, any more than at present, publish local papers.

Dr. ARNISON thought the Association was numerically so strong because the members received a first-class weekly journal for their subscription, and that the greater proportion of the members were rather subscribers to the journal than working members of the association. He, therefore, thought the working strength of this society would not be increased by the amalgamation proposed, neither would it receive any benefits therefrom.

Mr. CLARKE thought many members would object to belong to both societies, and that the two were better separate.

Dr. PHILIPSON repudiated any collusion with Dr. Eastwood in the proposal brought before the society. He was interested in both societies, and thought the resolution too sweeping. He thought the advantages of amalgamation nearly balanced. The meetings of the association were very similar to the meetings of this society, and in addition, there was the annual meeting, with an address by the president—often very good, and referred to by the journals. He acknowledged the obligations of this society to the country members, and was pleased with Mr. Hardy's idea of keeping the meetings centred in Newcastle. The subject was so important that he thought no decision should be come to at present, but moved, as an amendment, "That a committee, consisting of the President, Dr. Burnup, Dr. Gibb, Mr. Hardy, Dr. Philipson, Dr. Ellis, and the Secretary, be appointed to consider the letter that has been read by Dr. Eastwood, in regard to the amalgamation of the

Northumberland and Durham Medical Society with the Northern Branch of the British Medical Association, and report to this society at the December meeting."

Dr. ELLIS seconded the amendment of Dr. Philipson.

Dr. GIBSON would be sorry if we did anything to injure either society. They had both hitherto performed their work steadily, and with success, and he could not see any benefit this society would derive from the union. The existence of this society does not prevent the meetings of the Association, therefore let it continue as before. He was certain our transactions would never appear in the journal of the Association, and, therefore, saw in that direction no additional inducement for good papers. He thought the other branches mentioned by Dr. Eastwood had smaller expenses, because they had no transactions to publish. As a means for obtaining greater publicity for our transactions, he suggested the publication of a Provincial Medical Journal ; and said that, if supported by this society, such a journal would be issued, and wished to know if the society would be willing to have its transactions so published.

Dr. EASTWOOD said there was some misconception with regard to the resolution. He was not pledged to any details either as to place of meeting, the exhibition of pathological specimens, or making the meetings itinerant, and could not see why all our advantages should not be continued as before, with the addition of the increase of members.

The subject was then put to the vote, when 10 voted for Dr. Philipson's amendment, and 5 for Mr. Hawthorn's. Dr. Eastwood's resolution was not put to the vote in consequence of Dr. Philipson's amendment, which was then put as a substantive motion, and carried.

The election of officers for the ensuing year was then proceeded with. On the motion of Dr. BURNUP, seconded by Mr. HARDY, Mr. Dodd was re-appointed as paid secretary.

The proceedings concluded with votes of thanks to the President and Secretary for their conduct in their several offices during the past year.

THE First Monthly Meeting of the Session 1869-70 was held in the Infirmary on Thursday, October 14th, Dr. GIBSON, President, in the chair.

The following gentlemen were elected members of the Society :—

Dr. Smith, Blakett Street.

Mr. Stanley Peacock, Infirmary.

The following gentleman was proposed for election as a member :

Dr. Drury, Sunderland.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

FOURTH REPORT FOR 1869.

BY G. H. PHILIPSON, M.A., M.D.

THE returns for the months of June, July, and August, from May 30th to August 28th, 1869, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns :—

DISEASES.

The extent to which they prevailed in Union, Charitable, and Public Institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents ; the seizures from the zymotic division of diseases ; and the total number of

cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
June 5.....	299	89	40	8	3	0
June 12.....	306	101	35	14	1	2
June 19.....	292	87	18	7	4	0
June 26.....	209	77	38	7	2	0
July 3.....	347	99	47	13	2	0
July 10.....	289	77	44	12	1	0
July 17.....	254	97	36	9	0	0
July 24.....	265	106	40	9	2	1
July 31.....	312	149	64	33	2	0
August 7.....	317	126	52	17	1	0
August 14.	319	105	59	15	0	0
August 21.....	300	113	58	18	4	2
August 28	290	140	62	26	4	0

The total of the new cases of disease and injuries, in Newcastle during the time under consideration, has fluctuated between 209 and 347. The average of the thirteen weeks being 292, against 307, the average of the corresponding weeks of 1868 ; and the average of the first four weeks being 277, and that of the last four 307, against 289 and 307, the averages, respectively, of the corresponding periods of 1868. Thus, in every way of comparison, the cases recorded in the present year are under those of 1868.

In Gateshead, the weekly numbers have varied little. The average of the first four weeks being 111, and that of the last four 121, and the average of the thirteen weeks 105, against 90, the average of the corresponding period of 1868.

The seizures from general diseases, dependent upon a morbid condition of the blood, in both towns, have been few. In Newcastle, the weekly numbers have varied between 64 and 18, and in Gateshead between 33 and 7. The increase, in August, being due to diarrhoea. In Newcastle, the average of the first four weeks is 32, against 44, the average of the corresponding weeks of 1868, and in Gateshead 9, against 10 for 1868 ; in Newcastle, the average of

the last four weeks is 58, against 80, the average of the corresponding weeks of 1868, and in Gateshead 19, against 33 for 1868.

Small-pox has been once recorded in Newcastle, and twice in Gateshead. All the cases were mild.

Measles, in both towns, has been almost absent, 10 cases being the total for the thirteen weeks.

Scarlatina, in July, became more prevalent, and again declined in August. In Newcastle, of 91 cases, 4 were fatal; and in Gateshead, of 15 cases, 1 was fatal.

Hooping cough, in Newcastle, has been prevailing. Of 91 cases, 6 were fatal.

Diphtheria, in Newcastle, has been once reported. The case recovered.

Four cases of croup, in Newcastle, one fatal, have been recorded.

Diarrhœa, in both towns, has never been epidemic. In the last week of July there was a sudden increase, but this was not followed by any further rise. In Newcastle, the highest weekly number was 36, and in Gateshead 26. The total number of cases in Newcastle amounted to 243, against 498 in the corresponding period of 1868; and in Gateshead, 84, against 174 in 1868. In Newcastle, in June, 40 cases were returned, in July 79, and in August 126; and in Gateshead, in June, 15, in July 39, and in August 30.

Dysentery has never been common. In Newcastle, during the three months, 27 cases have been recorded, and in Gateshead, 1.

Asiatic cholera has been wholly unreported.

Typhus fever, in Newcastle, has been very little in force, and in Gateshead has been nearly absent. In Newcastle, the weekly number has never exceeded 4. The total of the thirteen weeks is 26, against 31, the total of the corresponding weeks of 1868, and 86, of 1867. The total admissions into the Newcastle Fever Hospital, in June, amounted to 5, of which 3 were typhus, 1 a night nurse; in July, to 10, 2 typhus; and in August, to 5, 3 typhus.

Puerperal fever, in Gateshead, has been once recorded.

Under bronchitis, and kindred affections of the chest, the numbers have varied, in Newcastle, from 42 to 17; and in Gateshead, from 18 to 6. In the corresponding period of 1868, the numbers were, respectively, 31 to 14, and 10 to 1.

Under phthisis, during the three months, in Newcastle, 177 cases were returned, and in Gateshead, 65. In the corresponding period of 1868, the numbers were, respectively, 145 and 56.

DEATHS.

The total registered in Newcastle; the registered number, as compared with the corrected average weekly number in the ten years, 1851 to 1860; the number in public and private practice;

and the annual rate of mortality in Newcastle ; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table :—

Week ending Saturday.	NEWCASTLE.					GATESHEAD
	Regis- tered.	Registered Number com- pared with the corrected Ave- rage Weekly Number in Ten Years— 1851 to 1860.	In Public Practice.	In Private Practice.	Annual Rate of Mortality.	In Public Practice.
June 5	55	14 under.	10	45	22	1
June 12	63	6 under.	11	52	25	2
June 19	62	7 under.	16	46	25	2
June 26	43	26 under.	10	33	17	1
July 3	46	23 under.	14	32	18	1
July 10	59	10 under.	15	44	24	2
July 17	42	27 under.	10	32	17	2
July 24	49	20 under.	12	37	20	1
July 31	64	5 under.	9	55	26	5
August 7	67	2 under.	10	57	27	4
August 14	68	1 under.	18	50	27	1
August 21	62	7 under.	11	51	25	3
August 28	59	10 under.	14	45	24	1

The total of the deaths registered in Newcastle have fluctuated between 68 and 42 ; the former being the number for the second week of August, and the latter that for the third week of July. In the corresponding period of 1868, the numbers varied between 76 and 46, an addition of 8 and 4.

The registered number, compared with the corrected average weekly number in the ten years 1851 to 1860, has varied between 1 and 27 under, and has never been over.

The annual rate of mortality has varied from 27 to 17 per annum, to 1,000 persons living. The average of the thirteen weeks is 23, against 26, the average of the corresponding period of 1868.

The increase of deaths towards the end of July and during August, was due to the greater fatality of diarrhœa. In the first week of August the annual death rate from diarrhœa, in Newcastle,

was 4 per 1,000 persons estimated to be living ; in the second week, 6 ; in the third week, 3 ; and in the fourth week, 4.

From general diseases, dependent upon a morbid condition of the blood, during the three months, 21 deaths occurred in Newcastle, and 6 in Gateshead. In the corresponding period of 1868, the numbers were, respectively, 31 and 11.

From typhus fever, during the three months, 2 deaths occurred in Newcastle, against 4 in the same period of 1868, and 7 in the preceding three months of the present year. In Gateshead, no death from typhus has been returned.

From phthisis, during the thirteen weeks, 28 deaths took place in Newcastle and 4 in Gateshead. In the same months of 1868, the numbers were, respectively, 29 and 0.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution ; the mean of the temperature of the air of Greenwich ; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table :—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
June 5.....	51·1°	53·3°	0·16
June 12.....	51·5°	59 0	0·00
June 19.....	48·4°	51·3°	1·33
June 26.....	52·7°	54·3°	0·00
July 3.....	54·7°	56·9°	0·32
July 10.....	60·1°	64·2°	0·12
July 17.....	60·9°	66·9°	0·00
July 24.....	61·8°	66·0°	0·00
July 31.....	57·0°	64·0°	0·26
August 7.....	54·0°	59·8°	0·50
August 14.....	53·3°	58·5°	0·95
August 21.....	53·4°	58·7°	0·13
August 28.....	64·0°	68·4°	0·00

The temperature, during the time under consideration, has been below that of the corresponding period of 1868, with the exception of the second and fourth weeks of July, and the fourth week of August, when, in the first mentioned week, the weekly mean was 2.6° over the weekly mean of the corresponding week of 1868; in the second, 1.5° ; and in the third, 11.5° . The average of the weekly means of the thirteen weeks is 55.6° , against 58.0° , the average of the corresponding weeks of 1868.

The temperature, during June and July (with the exception of the third week of June), gradually increased from the weekly mean of 51.1° , in the first week of June, to the weekly mean of 61.8° in the last week of July, and, in August, greatly fluctuated; the weekly mean in the second and third weeks of August, being as low as 53.3° and 53.4° , and in the fourth week as high as 64.6° , the highest number of the summer of 1869, and 1.6° higher than any weekly mean of 1868.

The total rainfall in June amounted to 1.49 inches; in July, to 0.70 inches; and in August, to 1.58 inches; making a total of 3.77 inches, against 7.60 inches, the total for the months of March, April, and May, 1869, and of 3.07 inches the total for the corresponding period of 1868.

Hereto the weekly tables of diseases and deaths are appended.

ON SPURIOUS PREGNANCY.

BY CHARLES GIBSON, M.D.

AMONG the curiosities of medical experience, few items are more curious than those relating to the subject of my present paper, the pseudo-cyesis of Mason Good—the spurious pregnancy of more homely language.

The phenomena of spurious pregnancy have been noted since the earliest periods of recorded medical knowledge, and have been pointedly referred to in the Hippocratic Treatises. Our own illustrious Harvey was quite familiar with their occurrence, and has registered observations upon the subject, as illustrated in brutes—observations which have been substantiated on many occa-

sions in more recent times. Harvey remarked the condition in well-fed hounds after unsuccessful sexual intercourse, and after the condition of *heat* without sexual intercourse. Noteworthy in the history of these phenomena were the artificial litters, which the subjects of the pseudo-cyesis gathered from time to time, kittens and other young animals having been frequently stolen for the purpose. Sir James Simpson has recorded facts in connection with the cow and the bitch.

Before proceeding further, I would eliminate from my subject the phenomena of dysmenorrhœa, which closely simulate pregnancy. These admit of a ready explanation, and, for the most part, own a brief history. I would also set aside conditions, phenomena, which belong to other intra-uterine derangements, and which liken those of pregnancy, such as belong to the development and propagation of cystic disease, as represented by the hydated degeneration of the chorion, &c.

And, now, I would remark, that spurious pregnancy manifests itself, at two periods of a woman's life especially—viz., at the grand climacteric, and at a period shortly after marriage. At the latter period, the signs of pregnancy are generally not duly estimated, and the pseudo-cyesis is represented for the most part by catemenial irregularities, and by disorders indicative of dyspepsia, nausea, distention of the abdomen, &c. But it is at the other period, at the grand climacteric, that pseudo-cyesis most commonly occurs; and few practitioners have been long in practice without meeting with examples of it more or less perfect. Here there is the tendency to the deposition of fat in all parts of the body, but remarkably in the abdomen and upon its walls. This enlargement often comes upon a woman almost suddenly, so much so that the enlargement is a very prominent feature in the manifestations in more senses than one. With this progressive enlargement of the abdomen there is the interruption or the suppression of the menstrual discharge, movements are felt in the abdomen, and sickness or vomiting are frequent accompaniments. In addition to these symptoms, it is not unusual for such persons to have œdema or varicose veins of the lower extremities. And, now, we have only to add an urgent desire for a family by the patient on the one hand, and the fear of pregnancy on the other, to make the similitude between the pseudo-condition and the genuine condition very great. But in the best examples of pseudo-cyesis something more than all this occurs: the abdomen enlarges, the catemenial discharge is suspended, the breasts increase in size, milk is formed, the mammary areola darkens, and its glandules throw off a secretion, the gastric sympathies are excited, movements are set up in the abdomen which liken the phenomena of quickening and the subsequent foetal movements; and, finally, pains are felt which

liken those of actual labour, with true motary contractions sometimes of the abdominal muscles ; and probably but for the mental shock, the disappointment, the human female would resemble the females of a lower order of creation by manifesting desire to nurse the child of another woman.

As might be expected, errors in the diagnosis and in the management of these cases are frequently committed ; and although the pseudo-pregnancy often only extends to the term of normal pregnancy, and then suddenly ceases, or it does not so terminate, but continues without the pseudo-labour setting in for longer periods—sometimes for many years—still instances are from time to time observed wherein the progressive enlargement of the abdomen appears to hold a ratio which is consistent with that of normal gestation. Nevertheless, it must be admitted that the mistakes which are committed are commonly those which result from too much reliance being placed upon the testimony of the patients, and too little upon the powers and means of observation of the practitioner. But the records of ovariectomy, even, show how much care is needed to determine the presence or the absence of abdominal tumour, several operations having been performed, up to the opening of the abdomen, wherein no tumour has been present. Simpson has been called in to deliver, by version, where no child has been in the uterus. Dr. Lebatt was once actually required to perform Craniotomy under similar circumstances, and my own experience is not materially different from that of these gentlemen. But the difficulties are sometimes considerable. In a case that occurred to Klein, the convulsions that had been present in other labours took place at the pseudo-labour. The sympathetic disorders of other pregnancies are sometimes present in the pseudo-cyesis: neuralgias, skin disorders, &c., &c. Even the foetal heart has appeared to be audible when there was no foetus present. We must accept these facts as some apology for an occasional mistake. The action of chloroform in cases of spurious pregnancy is remarkable: the abdominal swelling subsides, and the parietes become flaccid, and the abdomen itself can be manipulated freely and satisfactorily ; but as the effects of the chloroform are passing away, the distension generally increases, so that when consciousness is re-established the enlargement has altogether returned. In all instances almost of pseudo-cyesis, the upper portion of the abdomen appears to be contracted, and, indeed, actually is so. This, and the fact of the relaxation of the abdominal walls when the patient is under the influence of chloroform, would point to contraction of the diaphragm as an important item in the production of the abdominal enlargement ; and possibly as a condition producing other signs of the pseudo-cyesis—nausea, for instance.

What, then, is the pathology of spurious pregnancy? Various morbid conditions have been observed, but they have been conditions common to other forms of disease. Often there is no visible pathologic change. The fact of its occurrence with disturbed menstrual function so constantly would point to an ovarian or uterine cause; as would its connection with the season of heat in brutes; while in one case there was actually inflammation of the ovary which went on to suppuration. It is remarkable that when the abdominal enlargement subsides under the influence of chloroform, no flatus escapes. This has been well shown. Then, again, it is not essentially hysterical, for it frequently occurs in persons in whom such a condition could not be suspected for a moment; and on the other hand, it is not by any means uncommon in brute creatures. However, it does occur frequently in association with hysteria, and remedies powerful in the relief of hysteria have great power in relieving and in removing the conditions of pseudo-pregnancy. Tonics and aperients, nux vomica, assafoetida, &c.

These remarks are intended to illustrate and to be illustrated by two remarkable cases of spurious pregnancy, which, among others, have fallen under my cognizance. Both these cases were in married women, with large families. Both occurred at or about the age of 45; and in both hysteria could not be suspected. In both, the pregnancies had appeared to go on as usual, and in both the labour set in at the expected time. One was my own patient; to the other I was called in consultation. In the former, the patient was a most unlikely subject for deception: a tall, bony, thin, matter-of-fact woman. I was engaged to attend her in labour in the usual way, and with the usual hurry I was sent for when the hour of travail was supposed to have come. I found that *the pains* were slow, in the back, and recurring irregularly. Examination found considerable enlargement of the abdomen, the enlargement being fairly diffused, but no tumour could be found within the abdomen, and percussion everywhere produced a resonant sound. The breasts were quite flaccid. Examination *per vaginam* discovered a condition of things totally opposed to the supposition that there was a foetus in utero. A very usual condition of things followed. My announcement of the absence of genuine labour and of pregnancy was received as an offensive charge, and from that time to the present I have not had one moment's speech with the patient.

The second case was attended by one of the most experienced accoucheurs in the North of England; and I was only called in at the urgent solicitations of friends, after the medical attendant had been with the patient thirty hours. And this fact will tell you how closely the process of labour was simulated. Many examinations were made during the thirty hours' attendance; and at the

moment of my being sent for, this gentleman still believed that the labour was progressing. There was no tumour within the abdomen; no appreciable uterine enlargement; no ballottement; no foetal heart sounds; no placental soufflôt. The vagina was in a normal condition; the cervix uteri was well developed, but high; and the os was small and transverse. The patient made a satisfactory recovery.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 5th DAY OF JUNE, 1869.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.													TOTAL.		DISEASES	Newcastle.	Gateshead.						
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		POOR LAW DISTRICTS.				PUBLIC INSTITUTIONS.			TOTAL.		
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.	Western.				Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28				
Small-Pox.....	...	1a	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	Small-Pox.....	...	...	
Measles.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	Measles.....	...	...	
Scarlet Fever.....	1	...	...	1	...	...	1	...	3	1	...	...	...	...	...	7	...	...	...	...	...	...	Scarlet Fever.....	...	...	
Diphtheria.....	Diphtheria.....	...	...	
Hooping Cough.....	1	...	...	...	...	2	...	...	...	3	...	...	...	...	...	...	Hooping Cough.....	...	...	
Croup.....	Croup.....	...	...	
Diarrhoea.....	1	...	...	1	1	...	...	...	1	4	2	1	11	1	...	1	...	2	4	Diarrhoea.....	...	...	
Dysentery.....	1	...	...	...	...	...	...	...	...	1	1	...	3	...	...	...	...	...	...	Dysentery.....	...	...	
Asiatic Cholera.....	Asiatic Cholera.....	...	...	
Erysipelas.....	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	Erysipelas.....	...	...	
Continued Fever.....	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	Continued Fever.....	...	...	
Typhus.....	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	Typhus.....	...	...	
Enteric or Typhoid...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	2	...	2	...	Enteric or Typhoid....	...	...	
Relapsing.....	Relapsing.....	...	...	
Febricula.....	1	...	...	...	...	...	...	1	1	1	4	...	1	1	...	2	...	Febricula..	...	...	
Ague.....	Ague.....	...	...	
Rheumatic Fever.....	...	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	3	...	1	...	1	2	...	Rheumatic Fever.....	...	...	
Puerperal Fever.....	Puerperal Fever.....	...	...	
Bronchitis and Catarrh..	...	3	...	...	1	2	3	4	2	3	2	1	1	5	...	4	2	1	34	2	2	10	...	3	17	Bronchitis and Catarrh..	1	...	
Influenza.....	...	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	Influenza.....	...	...	
Pleurisy and Pneumonia	2	1	1	...	...	...	...	...	...	...	1	...	...	5	...	...	1	...	1	...	Pleurisy aud Pneumonia	1	...			
Phthisis.....	1	...	...	...	...	5	...	...	...	...	...	6	1	...	3	...	1	5	Phthisis.....	1	1			
Constitutional Syphilis..	2	1	...	2	5	...	...	2	...	2	...	Constitutional Syphilis..	1	...			
All other Diseases.....	1	4	9	4	5	3	...	20	12	4	4	1	2	27	...	28	9	4	10	147	9	7	21	...	7	44	All other Diseases.....	5b	...		
Accidents.....	2	...	...	...	...	8	45	...	...	1	...	...	...	...	...	...	56	...	...	10	...	10	...	Accidents.....	1	...		
TOTAL.....	1	17	12	7	6	7	9	34	59	13	7	6	4	37	0	37	20	9	14	299	300	13	11	51	0	14	89	65	TOTAL.....	10	1

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 23]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 12th DAY OF JUNE, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.			
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.								Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.
DISEASES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle.	Gateshead.
Small-Pox	Small-Pox.....	...	...
Measles.	Measles.....	...	...
Scarlet Fever	2	...	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	5	...	...	1	1	...	...	2	...	Scarlet Fever.....	...	1
Diphtheria	Diphtheria .....	...	...
Hooping Cough	3	2	...	...	...	2	...	...	...	1	...	...	...	...	...	2	...	...	...	10	...	...	...	...	...	...	...	...	Hooping Cough.....	...	...
Croup	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Croup .....	...	...
Diarrhœa	2	...	...	...	2	1	...	...	...	...	...	...	...	...	...	3	...	...	8	...	...	...	...	1	1	...	...	Diarrhœa.....	...	...
Dysentery.....	1	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	Dysentery .....	...	...
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas	1	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	1	...	...	Erysipelas .....	...	...
Continued Fever.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3	...	...	3	...	...	Continued Fever .....	...	...
Typhus.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	2	...	...	Typhus .....	...	...
Enteric or Typhoid...	1	...	...	1	...	...	Enteric or Typhoid....	...	...
Relapsing	Relapsing .....	...	...
Febricula	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	5	...	2	1	...	1	4	...	...	Febricula ..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	1	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	4	2	2	1	...	2	1	...	2	1	2	...	4	...	2	3	1	...	27	...	2	1	7	...	3	13	...	Bronchitis and Catarrh..	...	1
Influenza	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	3	...	...	...	1	...	1	...	...	Pleurisy aud Pneumonia	...	...
Phthisis	1	...	...	...	3	1	...	...	1	...	8	...	1a	3	1	1	20	...	1	...	4	...	...	5	...	Phthisis.....	1	...
Constitutional Syphilis.	1	...	...	...	3	1	1	6	...	...	...	...	...	...	...	...	Constitutional Syphilis..	...	...
All other Diseases	3	3	4	5	1	1	...	14	22	9	...	2	1	42	...	30b	16	5	14	172	...	4	7	32	...	5	48	...	All other Diseases.....	9c	...
Accidents	4	38	...	...	...	...	...	...	...	...	...	...	42	...	...	2	17	...	...	19	...	Accidents	1	...
TOTAL.....	8	14	9	10	2	6	5	23	61	14	1	7	2	54	0	35	29	8	18	306	292	9	16	64	1	11	101	55	TOTAL.....	11	2

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 24]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 19th DAY OF JUNE, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.						
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.							
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.				
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.											
DISEASES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle.	Gateshead.	
Small-Pox.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Small-Pox.....	..	..
Measles.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	2	..	..	Measles.....	..	..
Scarlet Fever.....	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	3	..	..	1	..	..	1	..	..	Scarlet Fever.....	1	..	
Diphtheria.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Diphtheria.....	..	..
Hooping Cough.....	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	Hooping Cough.....	..	..
Croup.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Croup.....	..	..
Diarrhoea.....	1	..	..	..	..	2	..	..	..	..	..	..	..	..	..	1	..	..	..	4	2	..	..	..	..	2	..	..	Diarrhoea.....	..	..
Dysentery.....	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	1	..	..	3	..	..	..	..	..	..	..	..	..	Dysentery.....	..	..
Asiatic Cholera.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Asiatic Cholera.....	..	..
Erysipelas.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	2	..	..	..	Erysipelas.....	..	..
Continued Fever.....	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	Continued Fever.....	..	..
Typhus.....	..	..	3	..	..	..	..	..	..	..	..	..	..	..	1a	..	..	..	4	..	..	..	..	..	..	..	..	..	..	Typhus.....	..	..
Enteric or Typhoid...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Enteric or Typhoid....	..	..
Relapsing.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Relapsing.....	..	..
Febricula.....	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	Febricula.....	..	..
Ague.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Ague.....	..	..
Rheumatic Fever.....	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	1	3	..	..	2	..	..	2	..	..	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Puerperal Fever.....	..	..
Bronchitis and Catarrh.	2	..	3	2	1	1	..	..	2	2	3	1	1	8	..	..	1	2	..	29	3	1	3	..	4	11	..	..	..	Bronchitis and Catarrh..	1	1
Influenza .....	..	2	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	Influenza .....	..	..
Pleurisy and Pneumonia	..	..	1	1	..	..	..	..	..	..	..	..	1	..	..	1	2	..	6	..	..	..	..	1	1	..	..	..	..	Pleurisy aud Pneumonia	1	1
Phthisis.....	1	..	..	..	1	..	..	1	1	..	..	..	..	3	..	1	1	1	11	..	..	3	..	1	4	..	..	..	..	Phthisis.....	4	..
Constitutional Syphilis.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	4	..	..	..	..	..	..	..	..	..	..	Constitutional Syphilis..	..	..
All other Diseases.....	1	3	6	5	4	3	..	23	18	3	..	..	3	30	..	25b	17	4	9	154	9	7	24	..	12	52	..	..	..	All other Diseases.....	8c	..
Accidents.....	1	..	..	..	..	..	..	4	58	..	..	..	..	..	..	..	..	..	63	..	..	1	9	..	..	10	..	..	..	Accidents.....	1	..
TOTAL.....	6	5	14	10	6	8	0	28	79	10	4	2	5	42	1	28	25	7	12	292	305	14	11	44	0	18	87	44	TOTAL.....	16	2	

a, Night Nurse. b, 1 an in-patient. c, Marasmas; 1 Paralysis; 1 Ovarian Dropsy, operation.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 25]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 26th DAY OF JUNE, 1869.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.							
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		DISEASES	Newcastle.	Gateshead.										
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.					POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.				
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24								
Small-Pox.....	Small-Pox.....	..	..
Measles.....	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	Measles.....	..	..
Scarlet Fever.....	..	2	1	1	..	1	..	..	..	..	..	2	1	..	..	..	..	..	..	8	..	..	..	..	..	..	..	..	..	..	Scarlet Fever.....	..	..
Diphtheria.....	Diphtheria.....	..	..
Hooping Cough.....	2	..	..	..	..	..	4	..	..	..	6	..	..	..	..	..	..	..	..	..	..	Hooping Cough.....	..	..
Croup.....	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	Croup.....	..	..
Diarrhœa.....	1	..	2	1	..	..	1	..	..	..	..	..	..	1	1	..	7	2	..	..	..	..	..	..	2	..	..	Diarrhœa.....	..	..
Dysentery.....	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	4	..	..	..	..	..	..	..	..	..	..	Dysentery.....	..	..
Asiatic Cholera.....	Asiatic Cholera.....	..	..
Erysipelas.....	1	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	1	..	..	..	Erysipelas.....	1	..	
Continued Fever.....	..	2	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	1	..	..	..	1	..	..	..	Continued Fever.....	..	..
Typhus.....	1a	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	Typhus.....	..	..
Enteric or Typhoid...	Enteric or Typhoid...	..	..
Relapsing.....	Relapsing.....	..	..
Febricula.....	1	..	..	..	1	..	..	..	..	..	..	..	1	..	3	1	..	2	..	..	3	..	..	..	..	Febricula..	..	..
Ague.....	Ague.....	..	..
Rheumatic Fever.....	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh..	..	3	..	..	..	1	2	..	..	..	1	1	1	2	1	..	..	..	1	13	..	2	5	..	3	10	..	..	..	..	Bronchitis and Catarrh..	..	..
Influenza	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	Influenza ..	..	..
Pleurisy and Pneumonia	1	..	..	..	..	..	..	..	..	..	..	1	2	..	1	..	..	..	1	..	..	..	..	Pleurisy and Pneumonia	..	..
Phthisis.....	..	1	1	1	1	2	1	..	3	10	1	2	3	1	1	Phthisis.....	1	1
Constitutional Syphilis.	1	2	..	3	..	..	..	..	1	1	..	..	..	..	Constitutional Syphilis..	..	..
All other Diseases.....	3	4	2	3	4	2	..	9	11	7	4	2	..	8	..	11	9	10	4	93	8	6	14	..	7	35	..	6b	..	..	All other Diseases.....	6b	..
Accidents.....	..	1	1	..	..	..	..	10	34	..	..	..	..	..	..	..	..	..	..	46	..	1	19	..	..	20	..	2c	..	..	Accidents.....	2c	..
TOTAL.....	3	15	6	8	4	10	6	21	46	13	7	6	2	13	2	15	11	14	7	209	259	12	11	41	0	13	77	52	TOTAL.....	10	1			

a, Removed to Fever Hospital. b, 1 Strangulated, Hernia Operation; c, 1 Compound Fracture, Amputation; 1 Sulphuric Acid Poisoning.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
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11 Mr. W. ANDERSON.
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20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 3rd DAY OF JULY, 1869.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle.	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	Small-Pox.....	...	...
Measles.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	Measles.....	...	...
Scarlet Fever.....	...	1	2	2	...	...	2	...	...	7	...	...	...	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...	Scarlet Fever.....	1	...
Diphtheria.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Diphtheria.....	...	...
Hooping Cough.....	3	...	...	3	...	1	...	1	...	2	...	...	...	10	...	...	...	...	...	...	...	...	Hooping Cough.....	2a	...
Croup.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Croup.....	1	...
Diarrhoea.....	1	...	...	2	...	...	...	...	...	...	...	...	1	...	2	1	1	2	10	...	2	...	2	...	2	6	...	...	Diarrhoea.....	...	...
Dysentery.....	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	3	...	...	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	Continued Fever.....	...	...
Typhus.....	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	Typhus.....	...	...
Enteric or Typhoid...	1	...	...	1	...	...	...	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	...	...	...	1	...	1	...	4	...	...	5	...	...	Febricula.....	...	...
Ague.....	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	Ague.....	...	...
Rheumatic Fever.....	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	2	2	...	...	...	1	4	1	...	...	2	...	1	5	...	2	4	1	25	...	2	...	6	...	3	11	...	...	Bronchitis and Catarrh..	1	...
Influenza	Influenza ..	...	...
Pleurisy and Pneumonia	...	2	...	5	...	1	...	...	...	1	...	...	...	...	1	...	...	...	10	...	...	1	...	...	...	1	...	...	Pleurisy and Pneumonia	...	...
Phthisis.....	...	1	...	2	...	1	...	4	...	2	...	1	...	6	...	...	2	1	20	...	1	...	3	...	2	6	...	...	Phthisis.....	3	...
Constitutional Syphilis..	4	...	...	...	...	...	4	...	1	1	...	12	...	...	1	...	1	2	...	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	8	4	10	...	1	5	...	21	11	1	11	1	11	39	...	24	5	7	165	...	10	5	27	...	10	52	...	...	All other Diseases.....	6b	1
Accidents.....	3	...	1	2	...	...	...	10	49	...	...	...	...	...	...	...	...	...	65	...	...	1	13	...	...	14	...	...	Accidents.....	...	...
TOTAL.....	14	11	17	16	2	8	9	40	60	16	13	3	13	57	1	32	14	11	10	347	322	16	7	58	0	18	99	80	TOTAL.....	14	1

a, Convulsions in each. b, 1, Convulsions; 1, Paralysis.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
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15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 27

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 10th DAY OF JULY, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.						
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle.	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.						Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24							
Small-Pox.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles.....	1	1	2	2	Measles.....	
Scarlet Fever.....	...	...	...	3	1	2	...	...	...	...	4	...	...	...	...	...	...	1	11	...	...	...	...	...	...	...	...	Scarlet Fever.....	...	...
Diphtheria.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Diphtheria.....	...	...
Hooping Cough.....	...	...	...	...	...	1	1	...	...	1	...	...	1	...	2	...	...	...	6	...	...	...	...	...	...	...	...	Hooping Cough.....	...	...
Croup.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhoea.....	1	1	2	2	1	...	2	2	1	2	...	14	...	4	3	7	...	1	...	Diarrhoea.....	...	
Dysentery.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Asiatic Cholera.....	...	...
Erysipelas.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	Erysipelas.....	...	...
Continued Fever.....	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	Continued Fever.....	...	...
Typhus.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	Typhus.....	...	...
Enteric or Typhoid...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	Enteric or Typhoid...	...	...
Relapsing.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Relapsing.....	...	...
Febricula.....	1	...	...	2	...	...	...	...	...	...	...	1	...	1	...	...	...	5	...	...	...	1	...	1	2	...	...	Febricula.....	...	...
Ague.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Ague.....	...	...
Rheumatic Fever.....	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	3	...	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	1	2	...	1	...	...	2	...	...	2	...	...	5	...	...	2	...	15	...	...	1	3	...	...	4	...	...	Bronchitis and Catarrh..	...	...
Influenza ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Influenza ..	...	...
Pleurisy and Pneumonia	...	1	...	1	1	...	...	1	...	1	...	...	...	...	...	...	...	5	...	2	...	1	...	...	3	...	...	Pleurisy and Pneumonia	...	1
Phthisis.....	...	...	1	...	...	...	...	7	...	...	2	2	...	6	...	2	1	21	...	1	1	1	...	1	4	...	3	Phthisis.....	...	...
Constitutional Syphilis.	...	...	...	...	...	...	...	3	1	...	...	...	2	...	...	1	...	7	...	...	...	...	...	...	...	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	1	3	6	8	2	1	...	10	6	3	6	4	1	24	...	28 ^a	17	4	5	129	...	13	3	20	...	7	43	All other Diseases.....	11 ^b	1		
Accidents.....	...	...	...	...	...	...	...	4	61	...	...	...	...	...	...	...	...	65	...	...	1	10	...	...	11	...	...	Accidents.....	...	...
TOTAL.....	5	9	7	15	4	6	5	25	68	9	9	12	2	38	2	32	25	7	9	289	333	20	6	38	0	13	77	100	TOTAL.....	15	2	

a, 1 an In-patient. b, 2, General Paralysis.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 28

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 17th DAY OF JULY, 1869.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.			
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.													TOTAL.		DISEASES	Newcastle.	Gateshead.					
	1	2	3	4	5	6	7	Infirmary.		Dispensary.						Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.									
								8	9	10	11	12	13	14	15						16	17				18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.
St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
Small-Pox.....	2	...	...	...	2	Small-Pox.....	...	...
Measles.....	1	...	...	1	...	...	1	Measles.....	...	...
Scarlet Fever.....	2	...	1	...	...	...	...	...	...	...	3	1	...	...	...	...	7	...	...	1	...	...	1	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	1	1	...	...	...	...	...	...	...	7	...	...	...	...	9	...	...	1	...	...	1	Hooping Cough.....	1b	...	
Croup.....	Croup.....	...	...
Diarrhœa.....	2	2	...	2	3	...	...	...	...	...	...	...	3	1	...	2	15	...	1	...	...	1	2	Diarrhœa.....	...	...
Dysentery.....	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	1	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	1	...	1	Continued Fever.....	...	...
Typhus.....	Typhus.....	...	...
Enteric or Typhoid...	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	3	...	...	1	...	...	1	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	2	1	...	...	1	2	4	1	1	...	1	4	...	1	1	...	...	19	...	4	...	4	...	5	13	Bronchitis and Catarrh..	...	...
Influenza	Influenza ..	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	Pleurisy and Pneumonia	...	...
Phthisis	2	1	1	...	1	...	1	...	...	4	...	...	...	1	...	11	...	2	...	3	...	2	7	Phthisis.....	3	...	
Constitutional Syphilis.	2	...	1	...	...	2	...	...	5	...	1	...	1	...	...	2	Constitutional Syphilis..	...	...
All other Diseases.....	5	1	7	8	2	4	...	10	14	5	4	...	22	...	27a	12	5	6	132	...	11	13	26	...	11	61	All other Diseases.....	6c	2	
Accidents.....	1	...	...	...	...	8	41	...	...	...	...	...	...	...	...	...	50	...	...	1	3	...	...	4	Accidents.....	...	...
TOTAL.....	6	3	11	15	3	10	7	23	56	7	5	2	31	3	40	17	6	8	254	327	18	18	41	1	19	97	105	TOTAL.....	10	2

a, 1 an In-patient. b, Convulsions. c, 1 Paralysis; 1 Apoplexy.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
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15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 24th DAY OF JULY, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.								
	POOR LAW DISTICTS.							PUBLIC INSTITUTINS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.						
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.						
								8	9	10	11	12	13	14						Out-Patients.	Fever Hospital.								Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.
20	21	22	23	24	For the Week.	Corresponding Week last Year.																												
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	For the Week.	Corresponding Week last Year.									
Small-Pox.....								
Measles.....	1	...	...	1	...	...						
Scarlet Fever.....	3	...	1	1	...	...	1	...	...	...	1	...	...	...	...	7	...	...	...	...	...	...	...	
Diphtheria.....								
Hooping Cough.....	1	...	...	...	...	1	...	...	...	4	...	...	...	6	...	...	1	...	...	1	...					
Croup.....								
Diarrhoea.....	1	...	...	1	2	...	...	...	1	...	...	...	8	3	...	...	16	4	...	...	...	4	...	...						
Dysentery.....	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	
Asiatic Cholera.....								
Erysipelas.....	1	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	
Continued Fever.....	...	1	...	...	...	...	1a	...	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	
Typhus.....	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	1	...		
Enteric or Typhoid....								
Relapsing.....								
Febricula.....	1	1	...	...	...	1	...	...	...	...	...	...	...	...	3	...	1	...	...	1	2	...				
Ague.....								
Rheumatic Fever.....								
Puerperal Fever.....								
Bronchitis and Catarrh..	...	2	2	1	...	...	1	...	1	3	...	...	1	...	1	3	...	1	16	2	...	4	...	2	8	...				
Influenza	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	
Pleurisy and Pneumonia	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	4	1	...	...	...	...	1	...			
Phthisis.....	1	...	...	...	2	2	1	...	...	4	...	...	...	...	...	10	2	1	5	...	1	9	...			
Constitutional Syphilis..	1	...	...	...	1	...	1	...	...	1	...	...	...	...	...	4	...	...	1	...	...	1	...			
All other Diseases.....	4	4	4	7	6	1	...	13	11	6	1	2	...	25	...	21	15	6	10	136	10	6	24	...	14	54	...							
Accidents.....	11	41	...	...	...	...	...	...	...	...	...	52	...	...	24	...	...	24	...							
TOTAL.....	4	10	9	15	7	6	5	28	55	14	3	4	1	31	1	34	21	6	11	265	301	19	8	61	0	18	106	105	TOTAL.....	12	1			

a, Removed to Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG

11 Mr. W. ANDERSON.
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15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

No. 30

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 31st DAY OF JULY, 1869.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.						
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.													TOTAL.												
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.						
								8	9	10	11	12	13	14						Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.
Small-Pox	Small-Pox		
Measles	2	2	...	Measles	...	1		
Scarlet Fever	1	...	...	1	1	...	2	...	...	1	...	1	3	...	...	...	...	...	...	10	...	...	2	...	...	2	...	Scarlet Fever	...	...	
Diphtheria	Diphtheria		
Hooping Cough	2	...	2	4	Hooping Cough	1	...		
Croup	Croup		
Diarrhoea	1	3	1	3	...	1	4	1	..	3	...	2	...	1	...	9	3	...	...	32	10	1	7	...	8	26	...	Diarrhoea	...	...	
Dysentery	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	1	...	...	Dysentery	...	...	
Asiatic Cholera	Asiatic Cholera		
Erysipelas	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Erysipelas	...	...	
Continued Fever	..	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Continued Fever	...	...	
Typhus	...	...	...	1	...	...	...	...	...	...	...	...	..	1	...	...	...	...	2	...	...	...	...	...	...	...	...	Typhus	...	...	
Enteric or Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	2	...	...	...	...	...	...	...	...	Enteric or Typhoid	...	...	
Relapsing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Relapsing	...	...	
Febricula	...	...	...	6	...	...	...	...	...	...	...	...	...	...	3	...	...	...	9	...	...	2	...	...	2	...	...	Febricula	...	...	
Ague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Ague	...	...	
Rheumatic Fever	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	3	...	Rheumatic Fever	...	...	
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Puerperal Fever	...	...	
Bronchitis and Catarrh	...	2	2	2	...	1	2	2	...	2	...	...	...	1	...	2	1	...	...	17	3	3	1	...	3	10	...	Bronchitis and Catarrh	...	...	
Influenza	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Influenza	...	...	
Pleurisy and Pneumonia	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	1	...	...	Pleurisy and Pneumonia	...	...	
Phthisis	1	..	...	...	...	...	...	...	...	1	...	...	...	6	...	...	...	...	8	2	1	2	...	2	7	...	...	Phthisis	2	1
Constitutional Syphilis	...	...	...	...	...	1	...	5	...	...	...	...	...	...	1	1	...	1	9	...	...	2	...	...	2	...	...	Constitutional Syphilis	...	...	
All other Diseases	4	4	9	6	...	1	...	23	9	5	1	3	...	20	...	27a	15	7	14	148	17	16	39	...	18	90	...	All other Diseases	5b	3			
Accidents	2	1	1	...	...	...	...	6	49	...	...	1	...	2	...	...	...	...	62	...	...	2	...	...	3	...	...	Accidents	1	...
TOTAL	9	12	14	19	1	7	9	38	58	13	1	7	3	32	3	44	20	7	15	312	314	34	25	58	0	32	149	123	TOTAL	9	5		

a, 3 In-patients. b, 1 General Paralysis.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG
- 11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 31

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 7th DAY OF AUGUST, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		PUBLIC INSTITUTIONS.			TOTAL.						
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.				
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
Small-Pox.....	Small-Pox.....	..	..
Measles.....	1	..	..	..	..	1	..	Measles.....	..	..
Scarlet Fever.....	..	1	..	..	..	..	4	..	..	1	..	1	..	..	1	1	..	..	..	9	..	..	..	..	..	..	..	Scarlet Fever.....	..	..
Diphtheria.....	Diphtheria.....	..	..
Hooping Cough.....	1	..	..	..	5	..	..	..	6	..	..	..	..	2	2	..	Hooping Cough.....	..	..
Croup.....	Croup.....	..	..
Diarrhoea.....	1	..	2	4	..	1	1	..	..	2	2	1	..	..	13	3	2	..	32	..	2	6	..	3	11	..	..	Diarrhoea.....	..	2
Dysentery.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Dysentery.....	..	..
Asiatic Cholera.....	Asiatic Cholera.....	..	..
Erysipelas.....	Erysipelas.....	1	..	
Continued Fever.....	Continued Fever.....	..	..
Typhus.....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Typhus.....	1	..
Enteric or Typhoid...	1	..	..	1	..	..	..	..	..	..	..	..	Enteric or Typhoid...	1	..	
Relapsing.....	Relapsing.....	..	..
Febricula.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	2	..	3	..	..	Febricula.....	..	..
Ague.....	Ague.....	..	..
Rheumatic Fever.....	1	..	..	..	..	..	..	..	1	..	..	2	..	4	..	1	..	5	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh..	..	3	3	..	..	..	1	1	..	..	2	1	..	1	..	2	3	..	1	18	..	3	..	5	..	3	11	Bronchitis and Catarrh..	2	1
Influenza	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Influenza ..	..	..
Pleurisy and Pneumonia	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	1	..	1	2	..	Pleurisy and Pneumonia	..	..
Phthisis	2	2	2	1	1	..	2	4	..	1	..	1	6	..	2	1	..	25	..	1	..	1	..	1	3	..	Phthisis.....	..	1	
Constitutional Syphilis..	1	1	..	..	1	2	..	6	..	..	..	..	..	..	..	..	Constitutional Syphilis..	..	..
All other Diseases.....	6	6	7	11	6	5	..	16	8	5	2	1	2	27	..	27	16	4	7	156	..	15	5	25	..	21	66	All other Diseases.....	3a	..	
Accidents	6	49	..	..	..	..	..	..	..	..	..	55	..	..	..	9	..	..	9	..	Accidents	2	..	
TOTAL.....	7	15	14	18	8	8	6	26	61	8	7	6	4	34	1	51	28	6	9	317	303	25	7	50	0	31	113	126	TOTAL.....	10	4

a, 1 Cancer of Uterus.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. TANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
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16 Mr. W. DODD.
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21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 14th DAY OF AUGUST, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.						
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.				
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.				
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.							Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Goal.			Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.							
Small-Pox.....	Small-Pox.....	...	...
Measles.....	Measles.....	...	...
Scarlet Fever.....	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	3	...	...	1	...	...	1	...	...	...	1	Scarlet Fever.....	1	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	1	...	...	...	...	...	3	...	...	...	...	...	5	...	...	9	...	...	...	...	1	1	...	...	...	...	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	...	1	...	3	1	...	3	...	...	1	1	2	...	2	...	12	8	...	2	36	...	1	2	...	3	6	...	...	1	Diarrhoea.....	1	...
Dysentery.....	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	1	...	...	...	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	1	Continued Fever.....	1	...
Typhus.....	Typhus.....	...	...
Enteric or Typhoid...	1	...	1	...	...	...	...	...	...	...	...	...	1	Enteric or Typhoid...	1	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	...	...	...	...	...	...	...	...	...	2	1	...	...	4	...	3	2	...	2	7	...	...	...	...	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	...	4	4	...	...	1	1	...	...	...	2	...	1	2	...	4	2	...	1	22	2	...	1	...	3	6	...	2	Bronchitis and Catarrh..	2	...	
Influenza.....	Influenza.....	...	...
Pleurisy and Pneumonia	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	4	...	...	...	...	...	...	...	...	...	2	Pleurisy aud Pneumonia	2	1
Phthisis.....	1	1	...	...	...	1	...	3	...	2	...	...	...	2	...	1	2	...	13	3	...	3	...	...	...	6	...	3	Phthisis.....	3	...	
Constitutional Syphilis..	2	...	1	...	...	...	2	...	1	2	...	9	...	...	...	...	1	1	...	...	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	6	6	7	12	5	4	...	20	9	4	2	3	1	26	...	22	18	5	11	161	15	4	19	...	26	64	...	7a	All other Diseases.....	7a	...	
Accidents.....	1	2	2	...	...	6	43	...	...	...	...	...	...	...	...	...	54	...	...	13	...	...	13	...	...	...	...	Accidents.....	...	...
TOTAL.....	7	13	12	19	9	7	7	31	52	11	5	5	2	34	0	47	37	6	15	319	329	20	8	41	0	36	105	105	TOTAL.....	18	1	

a, 1 Old Age.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
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- 11 Mr. W. ANDERSON.
12 Mr. C. CARR.
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- 16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 33

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 21st DAY OF AUGUST, 1869.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		DISEASES	Newcastle.	Gateshead.							
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	For the Week.	Corresponding Week last Year.				POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			For the Week.	Corresponding Week last Year.
								8	9	10	11	12	13	14											Central.	Eastern.	Western.	Elswick.	Out-Patients.		
Small-Pox.....	Small-Pox.....	...	...
Measles.....	Measles.....	...	...
Scarlet Fever.....	1	1	...	...	1	...	1	...	...	...	...	...	...	4	...	...	1	...	...	1	...	...	Scarlet Fever.....	1	...	
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	4	...	...	...	...	...	...	...	...	1	...	...	...	...	6	...	...	...	11	...	1	...	...	...	1	...	...	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhœa.....	...	1	...	...	...	...	3	...	...	2	...	...	1	...	10	7	...	1	25	...	2	3	...	5	10	...	...	Diarrhœa.....	...	1
Dysentery.....	1	2	3	...	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	1	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	Continued Fever.....	...	...
Typhus.....	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	4	...	...	1	1	...	2	...	...	Typhus.....	...	...
Enteric or Typhoid...	1	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	1	Enteric or Typhoid...	1	...	
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	...	...	...	...	...	...	...	1	...	...	1	3	...	...	6	...	1	3	...	...	4	...	...	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	1	...	...	...	...	1	...	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	...	4	2	...	...	1	1	4	...	3	...	...	1	3	...	3	1	...	23	6	...	3	...	3	12	...	...	Bronchitis and Catarrh..	1	1
Influenza.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	2	...	...	...	2	4	...	...	Pleurisy and Pneumonia	...	1	
Phthisis.....	5	1	1	...	...	...	5	...	...	...	...	12	1	...	...	...	1	2	...	...	Phthisis.....	1	...	
Constitutional Syphilis..	5	...	...	...	...	1	...	...	...	1	2	9	...	...	1	...	...	1	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	5	6	7	6	3	2	...	16	5	1	1	2	1	26	...	30	16	5	6	138	18	7	31	...	14	70	...	7	All other Diseases.....	7	...
Accidents.....	7	51	...	...	...	...	...	...	...	...	...	58	...	...	4	...	...	4	...	...	Accidents.....	...	...
TOTAL.....	11	13	9	7	3	5	5	38	57	10	1	4	3	36	3	50	27	7	11	300	288	29	11	47	1	25	113	101	TOTAL.....	11	3

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
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16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
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20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 34

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 28th DAY OF AUGUST, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.						
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints,	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.			Workhouse.	For the Week.	Corresponding Week last Year.	
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	Small-Pox.....	...	...
Measles.....	Measles.....	...	...
Scarlet Fever.....	3	...	...	...	...	...	...	...	...	...	...	...	3	...	...	1	2	...	...	3	...	Scarlet Fever.....	1	...	
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	3	2	1	...	...	...	2	...	...	...	...	2	...	...	...	10	...	...	...	...	2	2	...	...	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	2	2	2	1	4	...	...	1	...	...	1	2	...	14	4	...	33	...	...	...	...	3	3	...	...	Diarrhoea.....	...	1	
Dysentery.....	1	...	...	1	...	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	1	3	...	...	Erysipelas.....	...	...
Continued Fever.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	3	3	7	...	...	Continued Fever.....	...	...
Typhus.....	1	...	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	4	...	...	...	...	...	...	...	...	Typhus.....	1	...
Enteric or Typhoid....	2	...	...	2	...	...	...	...	...	...	...	...	Enteric or Typhoid....	1	...	
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	...	3	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	7	...	...	3	5	...	8	...	...	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	...	3	2	2	1	1	...	...	...	1	2	1	1	4	...	...	...	2	1	21	1	...	5	...	2	8	...	Bronchitis and Catarrh..	...	...
Influenza.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	1	...	3	...	...	Pleurisy aud Pneumonia	...	...
Phthisis.....	1	...	...	...	1	...	...	2	...	2	1	...	...	3	...	...	...	...	10	...	1	...	2	...	1	4	...	Phthisis.....	4	...
Constitutional Syphilis..	2	...	...	...	2	...	...	...	...	1	...	1	...	...	1	7	...	...	1	...	1	2	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	2	4	9	8	...	5	...	15	6	2	5	4	2	22	...	26	16	4	5	135	20	7	24	...	26	77	...	All other Diseases.....	6	...	
Accidents.....	...	1	...	...	...	...	...	6	44	1	...	...	...	...	...	...	...	...	52	...	...	2	18	...	20	...	...	Accidents.....	1	...
TOTAL.....	5	11	19	17	7	8	7	26	50	9	8	5	4	32	1	45	23	6	7	290	309	25	16	57	3	39	140	106	TOTAL.....	14	1

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
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11 Mr. W. ANDERSON.
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20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 4th DAY OF SEPTEMBER, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.											
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		DISEASES	Newcastle.	Gateshead.													
	St. Andrew's.	Jesmond, Heaton and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.					POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.							
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.				Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.					
Small-Pox.	Small-Pox.....	...	...	
Measles.	Measles.....	...	...	
Scarlet Fever	1	...	...	...	3	...	...	2	...	...	...	...	...	...	...	...	6	1	...	1	...	...	2	...	...	...	...	...	1	...	Scarlet Fever.....	1	...		
Diphtheria	Diphtheria .....	...	...
Hooping Cough	1	...	1	1	...	...	...	...	...	...	...	1	...	6	...	...	...	10	3	...	...	...	3	6	...	...	...	...	...	...	16	...	Hooping Cough.....	16	...	
Croup	Croup .....	...	...
Diarrhoea	2	...	4	...	...	1	2	...	1	...	22	11	...	...	43	6	2	3	...	8	19	...	...	...	...	...	...	1	...	Diarrhoea.....	1	...	
Dysentery.....	1	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Dysentery .....	...	...
Asiatic Cholera	Asiatic Cholera.....	...	...
Erysipelas	1	1	2	2	1	2	5	1	...	Erysipelas	1
Continued Fever.....	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	3	2	...	...	2	4	...	...	...	...	...	...	...	...	...	Continued Fever .....	...	...
Typhus.....	2	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Typhus .....	...	...
Enteric or Typhoid...	1	...	2	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	Enteric or Typhoid....	1	...	
Relapsing	Relapsing .....	...	...
Febricula	4	...	...	...	...	...	...	...	...	...	...	...	2	...	2	8	...	1	3	...	2	6	...	...	...	...	...	...	...	...	Febricula ..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	1	...	2	2	...	...	...	2	...	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....
Bronchitis and Catarrh.	...	4	...	3	...	3	...	...	2	1	2	...	3	...	2	2	1	...	23	...	...	4	...	...	4	...	...	...	...	...	1	...	...	Bronchitis and Catarrh..	1	...
Influenza	3	...	...	...	...	3	...	...	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	1	Pleurisy and Pneumonia	1	...
Phthisis	1	...	...	...	1	...	2	...	1	2	...	7	...	...	...	...	...	14	1	1	...	...	1	3	...	...	...	...	...	...	...	...	Phthisis.....	...	1	
Constitutional Syphilis.	...	1	...	...	...	...	...	...	...	...	...	...	3	...	1	3	2	2	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Constitutional Syphilis..	...	...
All other Diseases	2	6	3	11	6	5	...	18	6	4	3	3	25	...	20a	12	7	9	143	9	6	37	...	11	63	...	...	...	...	...	5	...	...	All other Diseases.....	5	...
Accidents	1	...	2	...	...	9	61	...	...	...	1	...	...	...	...	...	74	...	1	12	...	...	13	...	...	...	...	...	...	...	...	Accidents .....	...	...
TOTAL.....	2	15	7	21	11	9	9	31	68	9	5	9	3	41	3	51	34	11	13	352	314	29	12	60	2	27	130	112	TOTAL.....			11	1				

a, 4 In patients; b, With Convulsions.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
- 6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG
- 11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 36

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 11th DAY OF SEPTEMBER, 1869.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.				TOTAL.			
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.				
								8	9	10	11	12	13	14						For the Week.	Corresponding Week last Year.											
																													In-Patients.	Out-Patients.	Central.	Eastern.
Small-Pox.....
Measles.....	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever.....	1	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	3	..	..	3	..	..	3	..	..	..	..	..	..	..
Diphtheria.....
Hooping Cough.....	..	1	..	3	1	..	..	..	..	1	..	..	..	..	3	..	..	..	9	..	2	4	..	..	2	8	..	1a	..	..	..	..
Croup.....
Diarrhoea.....	..	2	2	..	1	1	4	..	..	1	..	..	..	..	11	5	1	1	29	..	5	1	3	..	4	13	..	1	..	..	..	..
Dysentery.....	3	..	..	3	..	..	..	..	..	..	..	..	1	..	..	..	..
Asiatic Cholera.....
Erysipelas.....	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhus.....	..	3	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	5	..	1	..	..	..	..	1	..	1	..	..	..	..
Enteric or Typhoid...
Relapsing.....
Febricula.....	1	..	..	..	..	..	..	..	..	..	..	..	3	1	..	..	5	..	1	1	..	..	2	..	..	..	..	..	..	..
Ague.....
Rheumatic Fever.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	1	..	..	..	..	..	..	..
Puerperal Fever.....
Bronchitis and Catarrh.	..	3	1	2	1	..	..	1	1	4	1	..	1	2	..	3	1	..	21	..	4	..	1	..	4	9	..	..	..	..	..	..
Influenza.....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Pleurisy and Pneumonia	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis.....	..	1	..	1	1	1	..	1	..	1	..	..	..	2	..	..	..	..	8	..	2	1	1	..	2	6	..	1	..	..	..	..
Constitutional Syphilis.	..	2	..	1	..	..	..	..	..	..	..	..	..	3	..	2	2	..	12	..	..	..	..	1	1	..	..	..	..	..	..	..
All other Diseases.....	..	4	9	10	1	6	..	20	7	6	2	1	..	16	..	39	21	6	158	..	13	14	25	..	14	66	..	6	..	..	..	..
Accidents.....	1	..	..	..	..	10	37	..	1	..	..	4	..	..	..	..	53	..	..	19	..	..	19	..	1	..	..	..	..	..
TOTAL.....	2	17	15	18	5	9	5	32	45	16	4	1	1	27	2	61	33	7	313	309	27	21	54	0	27	129	88	12	0	..	..	..

a, With Convulsions.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
- 6 Mr. W. A. T'ANSON.
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23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 37]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 18th DAY OF SEPTEMBER, 1869.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.				TOTAL.		
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		20	21	PUBLIC INSTITUTIONS.			TOTAL.				
								8	9	10	11	12	13	14						15	16			17	18	19	For the Week.	Corresponding Week last Year.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.
DISEASES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle.	Gateshead.
Small-Pox.....	Small-Pox.....	..	..
Measles.....	1	..	1	..	3	..	..	..	..	3	..	Measles.....	..	..
Scarlet Fever.....	..	1	..	..	..	..	..	..	..	2	1	1	..	..	1	..	..	..	..	6	..	..	..	..	..	..	..	..	Scarlet Fever.....	..	..
Diphtheria.....	Diphtheria.....	..	..
Hooping Cough.....	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	7	..	..	..	9	..	4	..	..	..	5	9	..	Hooping Cough.....	..	..
Croup.....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Croup.....	..	..
Diarrhoea.....	4	4	..	1	1	..	..	2	..	2	..	1	..	13	3	..	..	31	..	9	1	1	..	4	15	..	Diarrhoea.....	1	..
Dysentery.....	1	..	1	2	..	..	..	..	..	..	..	..	Dysentery.....	..	..
Asiatic Cholera.....	Asiatic Cholera.....	..	..
Erysipelas.....	1	..	..	..	..	1	..	..	Erysipelas.....	..	..
Continued Fever.....	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Continued Fever.....	..	..
Typhus.....	2	..	..	1	..	3	..	..	1	1	..	..	2	..	Typhus.....	1	..
Enteric or Typhoid...	..	1	..	1	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	5	..	..	..	..	..	..	..	..	Enteric or Typhoid...	..	..
Relapsing.....	Relapsing.....	..	..
Febricula.....	2	3	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	8	..	..	2	..	..	..	2	..	Febricula.....	..	..
Ague.....	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Ague.....	..	..
Rheumatic Fever.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh..	..	4	..	1	1	3	2	1	..	4	1	2	..	1	..	1	..	..	2	23	..	2	..	2	..	7	11	..	Bronchitis and Catarrh..	..	..
Influenza	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	Influenza ..	..	..
Pleurisy and Pneumonia	1	1	..	2	..	..	..	..	..	1	..	1	..	..	..	..	1	..	..	7	..	..	..	2	..	..	2	..	Pleurisy aud Pneumonia	2	..
Phthisis.....	..	1	..	..	1	..	..	..	2	..	1	2	..	5	..	..	2	..	..	14	..	1	..	3	..	..	4	..	Phthisis.....	2	..
Constitutional Syphilis.	1	..	2	..	..	..	1	..	1	..	..	2	..	1	8	..	..	..	..	..	..	..	..	Constitutional Syphilis..	..	..
All other Diseases.....	4	6	15	3	4	5	..	24	5	4	5	1	1	24	..	26	16	5	10	158	..	14	6	31	..	15	66	All other Diseases.....	10	..	
Accidents.....	2	..	..	..	..	9	45	..	..	..	..	..	..	..	..	..	..	56	..	..	..	15	..	..	15	..	Accidents.....	2	..
*TOTAL.....	5	18	23	15	6	10	3	37	52	14	9	10	1	32	6	47	26	7	16	337	310	34	10	55	0	31	130	88	TOTAL.....	18	0

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. F'ANSON.
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Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 38

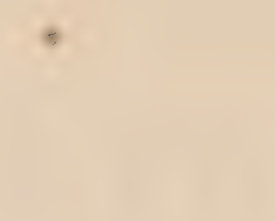
NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 25th DAY OF SEPTEMBER, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.	For the Week.	Corresponding Week last Year.	
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.										For the Week.	Corresponding Week last Year.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24			Newcastle.	Gateshead.		
Small-Pox.....	1	...	...	...	...	1		...	...	...	...	...	...		Small-Pox.....	...	...
Measles.....	1	...	...	...	...	...	...	...	...	...	1		3	...	...	...	...	3		Measles.....	...	...
Scarlet Fever.....	...	2	1	...	...	...	4	...	...	...	...	1	...	...	...	...	...	...	8		...	...	3	...	...	3		Scarlet Fever.....	...	...
Diphtheria.....		Diphtheria.....	...	...
Hooping Cough.....	1	...	...	4	...	...	...	...	1	...	...	3	...	...	...	9		2	1	...	...	5	8		Hooping Cough.....	...	...
Croup.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...		Croup.....	...	...
Diarrhœa.....	...	2	...	2	1	...	6	...	...	...	...	1	...	3	12	3	...	...	30		8	...	5	...	2	15		Diarrhœa.....	1	2
Dysentery.....		Dysentery.....	1	...	
Asiatic Cholera.....		Asiatic Cholera.....	...	...
Erysipelas.....	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2		1	...	...	...	...	1		Erysipelas.....	...	...
Continued Fever.....	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3		...	1	...	...	...	1		Continued Fever.....	...	...
Typhus.....	3	1	2	...	...	...	...	...	...	...	...	5	...	...	...	...	11		...	1	3	2	...	6		Typhus.....	3	1	
Enteric or Typhoid...	1	...	...	...	...	...	...	...	2	...	...	...	...	1	...	...	4		...	...	...	3	...	3		Enteric or Typhoid...	...	2	
Relapsing.....		Relapsing.....	...	...
Febricula.....	4	2	...	...	...	...	...	...	...	...	...	...	1	...	...	7		...	2	1	...	...	3		Febricula.....	...	...
Ague.....		Ague.....	...	...
Rheumatic Fever.....	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Rheumatic Fever.....	...	...
Puerperal Fever.....		Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	4	2	1	4	2	...	2	2	3	1	...	3	25		5	...	3	...	7	15		Bronchitis and Catarrh..	2	...
Influenza	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...		Influenza .....	...	...
Pleurisy and Pneumonia	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3		3	...	1	...	...	4		Pleurisy aud Pneumonia	...	1	
Phthisis.....	...	1	...	...	...	1	...	2	...	...	...	1	...	3	...	2	...	1	11		2	1	2	...	...	5		Phthisis.....	2	...
Constitutional Syphilis.	2	...	...	...	...	1	...	1	...	3	2	9		...	1	...	...	...	1		Constitutional Syphilis..	...	...
All other Diseases.....	5	3	5	12	7	3	...	16	4	2	3	1	2	20	...	29a	16	6	7	141		17	12	23	...	17	69		All other Diseases.....	5	...
Accidents.....	...	1	...	1	1	1	...	9	40	...	...	...	...	...	...	...	...	...	53		...	1	11	...	...	12		Accidents.....	4b	...
TOTAL.....	6	19	12	24	13	8	20	29	44	5	3	9	4	30	6	47	22	10	12	323	277	41	20	52	5	31	149	85	TOTAL.....	18	6

a, 2 In-Patients. b, 2, From Fall from House Top.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- | | | | |
|------------------------|-------------------------|-------------------------|------------------------|
| 1 Dr. T. C. NESHAM. | 6 Mr. W. A. PANSON. | 11 Mr. W. ANDERSON. | 16 Mr. W. DODD. |
| 2 Mr. H. W. NEWTON. | 7 Mr. JON. DALGLEISH. | 12 Mr. C. CARR. | 17 Mr. N. HARDCASTLE. |
| 3 Mr. G. C. GILCHRIST. | 8 Mr. S. PEACOCK. | 13 Mr. J. G. BLACK. | 18 Mr. N. HARDCASTLE. |
| 4 Mr. JOHN HAWTHORN. | 9 Mr. S. PEACOCK. | 14 Mr. H. E. ARMSTRONG. | 19 Mr. N. HARDCASTLE. |
| 5 Mr. J. A. ANGUS. | 10 Mr. H. E. ARMSTRONG. | 15 Mr. H. E. ARMSTRONG. | 20 Dr. R. F. COOK. |
| | | | 21 Dr. G. DOUGLASS. |
| | | | 22 Dr. F. W. NEWCOMBE. |
| | | | 23 Dr. R. F. COOK. |
| | | | 24 Dr. R. F. COOK. |



1877

THE JOURNAL OF THE
SOCIETY OF AMERICAN ARCHITECTS
PUBLISHED BY THE SOCIETY OF AMERICAN ARCHITECTS
NEW YORK

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 2nd DAY OF OCTOBER, 1869.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.		
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24			For the Week.	Corresponding Week last Year.	
								8	9	10	11	12	13	14																	For the Week.	Corresponding Week last Year.	For the Week.	Corresponding Week last Year.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.				
Small-Pox.....	Small-Pox.....	...	...
Measles.....	1	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	2	...	1	...	...	...	1	1	3	...	...	1	...	...	...	...	9	...	1	...	...	...	1	...	...	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	1	2	...	2	...	1	...	...	...	...	...	...	1	...	7	...	...	...	...	14	4	...	...	...	2	6	...	...	Hooping Cough.....	...	...
Croup.....	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhoea.....	...	1	...	3	...	...	...	...	...	...	...	...	...	...	6	3	1	1	15	5	...	6	...	3	14	...	...	...	Diarrhoea.....	...	1
Dysentery.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	1	...	...	1	...	...	...	Continued Fever.....	...	...
Typhus.....	...	2	...	1	1	...	...	...	1	...	...	...	...	2	...	1	...	...	8	...	2	1	1	...	4	...	...	...	Typhus.....	1	1
Enteric or Typhoid...	...	1	1	...	...	...	...	...	...	1	2	...	...	1	...	...	...	...	6	...	...	...	3	...	3	...	...	...	Enteric or Typhoid...	...	2
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	...	...	4	...	...	...	...	...	...	...	...	...	...	1	...	...	...	6	2	1	2	...	2	7	...	...	...	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	1	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	2	...	...	2	...	2	...	4	...	1	5	...	2	18	8	...	6	...	3	17	...	...	Bronchitis and Catarrh..	2	...
Influenza.....	Influenza.....	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	1	...	...	1	2	...	...	...	Pleurisy and Pneumonia	...	...
Phthisis.....	2	1	2	...	1	...	3	1	3	...	...	1	...	...	14	1	...	2	...	...	3	...	...	Phthisis.....	2	...
Constitutional Syphilis..	1	...	3	1	...	...	...	...	1	...	1	2	...	1	10	...	...	...	...	...	...	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	2	2	12	3	3	5	4	18	9	2	2	5	4	20	...	25a	16	10	7	149	10	4	26	...	6	46	...	...	All other Diseases.....	4	...
Accidents.....	...	3	1	...	...	1	...	5	34	...	...	...	...	...	...	...	...	...	44	...	...	1	11	...	...	12	...	...	Accidents.....	2	...
TOTAL.....	4	12	14	17	6	12	7	28	44	8	4	15	6	29	4	41	29	11	11	302	273	30	11	55	4	17	117	75	TOTAL.....	11	4

a, 3 In-Patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. W. ARMSTRONG

11 Mr. W. ANDERSON.
12 Mr. C. CARE.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 9th DAY OF OCTOBER, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle.	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	TOTAL.				
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.						For the Week.	Corresponding Week last Year.			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	Small-Pox.....	..	..
Measles.....	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	Measles.....	..	..
Scarlet Fever	1	2	..	1	..	..	..	3	1	..	..	..	1	..	..	..	9	..	..	..	..	1	1	..	..	..	Scarlet Fever.....	..	..
Diphtheria	Diphtheria .....	..	..
Hooping Cough	1	..	..	..	..	..	1	1	..	..	1	..	6	..	..	10	..	1	..	..	2	3	..	..	..	Hooping Cough.....	..	..
Croup	16	Croup .....	..	..
Diarrhœa	1	..	..	..	..	..	1	..	1	..	..	6	3	..	..	12	..	1	..	..	3	4	..	..	..	Diarrhœa.....	..	..
Dysentery.....	Dysentery .....	..	..
Asiatic Cholera	Asiatic Cholera.....	..	..
Erysipelas.....	Erysipelas .....	..	..
Continued Fever.....	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	..	1	2	..	..	..	..	Continued Fever .....	..	..
Typhus.....	..	1	1	..	..	..	..	..	..	..	..	..	..	2	..	1	..	5	..	1	..	..	2	3	..	..	..	..	Typhus .....	..	..
Enteric or Typhoid...	1	..	..	..	..	..	..	1	..	..	..	1	..	1	..	..	1	..	Enteric or Typhoid...	1	..
Relapsing	Relapsing .....	..	..
Febricula	2	..	..	4	1	..	..	..	..	1	..	..	..	..	..	2	1	11	..	2	..	1	..	2	5	..	..	..	Febricula ..	..	..
Ague.....	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	Ague.....	..	..
Rheumatic Fever.....	1	..	..	..	..	1	..	..	..	..	2	..	4	..	..	..	..	..	..	..	..	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh.	..	3	2	..	1	3	1	..	1	1	1	..	..	2	..	3	1	1	20	..	8	..	7	..	3	18	..	..	Bronchitis and Catarrh..	..	..
Influenza	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	Influenza .....	..	..
Pleurisy and Pneumonia	..	2	1	2	..	1	1	1	..	..	..	..	..	..	1	..	..	9	..	..	..	..	..	..	..	..	..	..	Pleurisy aud Pneumonia	..	..
Phthisis	1	..	3	1	2	1	..	..	4	..	..	2	..	14	..	..	1	..	2	3	..	..	..	Phthisis.....	1	1
Constitutional Syphilis.	2	..	..	..	..	2	..	1	2	..	8	..	..	..	..	..	..	..	..	..	..	Constitutional Syphilis..	..	..
All other Diseases	1	4	11	4	4	2	3	18	10	4	2	4	..	19	..	35a	21	5	7	154	16	7	27	..	16	66	2	..	All other Diseases.....	2	..
Accidents	1	1	9	36	..	..	..	1	..	..	..	..	48	..	..	1	..	..	..	12	..	..	..	Accidents	1	..
TOTAL.....	3	12	16	14	6	10	7	33	48	14	6	8	0	29	2	53	34	7	8	310	281	27	11	47	3	30	118	103	TOTAL.....	6	1

a, 2 In-Patients. b, with Convulsions.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
- 6 Mr. W. A. PANSON.

7 Mr. JON. DALGLEISH.

8 Mr. S. PEACOCK.

9 Mr. S. PEACOCK.

10 Mr. H. E. ARMSTRONG
- 11 Mr. W. ANDERSON.

12 Mr. C. CARR.

13 Mr. J. G. BLACK.

14 Mr. H. E. ARMSTRONG.

15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE.

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NO. 41

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 16th DAY OF OCTOBER, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.											
																						POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.				
	St. Andrew's. 1	Jesmond, Henton, and Byker. 2	All Saints. 3	St. Nicholas'. 4	Elswick and Benwell. 5	Westgate. 6	Fenham and St. Andrew's. 7	Infirmary.		Dispensary.					Fever Hospital. 15	Children's Hospital. 16	Workhouse. 17	Vagrant Ward. 18	Gaol. 19	TOTAL.		Western. 20	Eastern. 21	PUBLIC INSTITUTIONS.			TOTAL.				
								In-Patients. 8	Out-Patients. 9	Central. 10	Eastern. 11	Western. 12	Elswick. 13	Out-Patients. 14						For the Week. 22	Corresponding Week last Year. 23			Dispensary. 22	Fever Hospital. 23	Workhouse. 24	For the Week. 24	Corresponding Week last Year.			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week. 22	Corresponding Week last Year. 23	20	21	22	23	24	For the Week. 24	Corresponding Week last Year.				
Small-Pox.....	Small-Pox.....	..	..
Measles.....	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	1	..	Measles.....	..	..
Scarlet Fever.....	1	3	..	..	2	..	..	2	..	..	..	..	3	..	..	..	11	..	..	..	..	..	..	..	..	Scarlet Fever.....	..	..
Diphtheria.....	Diphtheria.....	..	..
Hooping Cough.....	..	3	..	1	2	..	2	..	..	..	..	..	..	..	4	..	..	..	12	..	..	..	..	..	..	..	..	Hooping Cough.....	..	..
Croup.....	Croup.....	..	..
Diarrhoea.....	1	2	..	..	3	..	..	1	1	..	..	..	10	1	2	..	21	..	4	..	..	..	..	4	..	Diarrhoea.....	..	..
Dysentery.....	Dysentery.....	..	..
Asiatic Cholera.....	Asiatic Cholera.....	..	..
Erysipelas.....	1	..	1	..	..	..	..	2	..	..	..	..	..	..	..	..	Erysipelas.....	..	..
Continued Fever.....	2	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	Continued Fever.....	..	..
Typhus.....	..	1	..	..	..	..	..	..	..	1	..	..	..	1	..	1	..	..	4	..	..	..	..	1	..	1	..	Typhus.....	2	..
Enteric or Typhoid...	1	..	1	..	Enteric or Typhoid....	..	1	
Relapsing.....	Relapsing.....	..	..
Febricula.....	4	1	1	..	..	..	..	..	..	..	..	..	2	..	..	8	..	1	3	..	1	5	..	..	Febricula.,.....	..	..
Ague.....	Ague.....	..	..
Rheumatic Fever.....	..	1	..	1	..	1	1	..	..	..	..	..	..	..	..	1	..	..	5	..	..	..	..	..	..	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh..	..	2	2	3	..	1	3	..	..	4	1	5	3	1	..	5	5	..	2	37	7	2	3	..	7	19	2	Bronchitis and Catarrh..	2	..
Influenza	1	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	Influenza.....	..	..
Pleurisy and Pneumonia	1	..	1	2	1	1	1	..	..	..	..	..	..	..	..	7	..	1	..	..	..	1	..	..	Pleurisy aud Pneumonia	..	..
Phthisis.....	..	1	..	..	..	..	..	5	..	..	..	4	..	2	1	..	1	..	14	..	2	2	..	1	5	..	2	Phthisis.....	2	..
Constitutional Syphilis..	4	..	..	..	..	..	..	1	3	..	..	8	..	..	..	..	..	..	..	..	Constitutional Syphilis..	..	..
All other Diseases.....	4	6	7	9	6	4	3	28	6	2	3	5	2	18	..	40a	14	5	5	167	21	5	24	..	14	64	4	All other Diseases.....	4	..	
Accidents.....	1	..	..	..	..	7	45	..	..	..	..	..	..	..	..	..	53	..	..	7	..	..	7	..	..	Accidents.....	..	..
TOTAL.....	6	16	13	24	9	8	17	45	52	10	5	15	7	21	6	60	29	7	7	357	278	33	11	39	2	23	108	93	TOTAL.....	10	1

^a, 1 an In-Patient.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. T'ANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 23rd DAY OF OCTOBER, 1869.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.													TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle.	Gateshead.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
								8	9	10	11	12	13	14															Central.	Eastern.				Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Small-Pox.....</

a, 2 In-Patients.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. T'ANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSIRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 43

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 30th DAY OF OCTOBER, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.			Workhouse.	TOTAL.		
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.					For the Week.	Corresponding Week last Year.				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24			DISEASES	Newcastle.	Gateshead.	
Small-Pox.....	Small-Pox.....	..	..
Measles.....	2	..	..	..	..	2	..	Measles.....	..	..
Scarlet Fever.....	1	..	1	1	..	..	1	..	..	..	..	..	..	..	..	4	..	1	..	..	..	..	1	..	Scarlet Fever.....	..	..
Diphtheria.....	Diphtheria.....	..	..
Hooping Cough.....	1	..	..	3	..	1	..	..	5	..	..	..	10	..	3	..	..	..	2	5	..	Hooping Cough.....	2a	..	
Croup.....	Croup.....	..	..
Diarrhœa.....	1	3	1	..	5	..	2	1	..	..	4	7	..	Diarrhœa.....	..	..
Dysentery.....	Dysentery.....	1	..	
Asiatic Cholera.....	Asiatic Cholera.....	..	..
Erysipelas.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	Erysipelas.....	..	..
Continued Fever.....	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	2	1	..	..	..	3	..	Continued Fever.....	..	..
Typhus.....	3	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	5	..	..	2	1	6	..	9	..	Typhus.....	1	..	
Enteric or Typhoid...	1	..	..	..	..	..	3	1	..	..	1	..	..	..	..	6	..	..	..	..	3	..	3	..	Enteric or Typhoid....	..	1	
Relapsing.....	Relapsing.....	..	..
Febricula.....	3	..	..	..	..	..	..	..	..	..	..	..	6	..	..	9	..	1	..	1	..	..	2	..	Febricula.....	..	..
Ague.....	Ague.....	..	..
Rheumatic Fever.....	..	1	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh.	..	2	5	..	..	3	3	1	1	5	1	3	..	3	..	1	2	..	30	..	20	2	4	..	22	48	2	Bronchitis and Catarrh..	2	..
Influenza	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Influenza ..	..	..
Pleurisy and Pneumonia	..	1	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	4	..	1	..	..	..	..	1	..	Pleurisy aud Pneumonia	1	..
Phthisis.....	1	..	1	1	1	..	1	..	3	..	1	..	1	10	..	..	..	..	1	1	..	..	Phthisis.....	1	..	
Constitutional Syphilis.	2	..	..	..	..	..	..	..	4	..	..	6	..	..	..	..	..	..	..	..	Constitutional Syphilis..	1	..	
All other Diseases.....	9	6	12	3	5	4	..	14	6	4	5	2	2	17	..	35	19	6	6	155	8	13	20	..	25	66	8b	All other Diseases.....	8b	..	
Accidents.....	1	..	1	..	..	7	35	..	2	..	..	..	..	..	..	..	46	..	..	..	10	..	10	..	2	Accidents.....	2	..	
TOTAL.....	9	13	23	9	7	11	6	25	43	14	11	9	2	23	2	42	33	10	7	299	318	40	19	36	9	54	158	117	TOTAL.....	19	1

a, 1 with Tabes. 1, with Convulsions. b, 1 Tubercular Meningitis.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.



NORTHUMBERLAND & DURHAM MEDICAL SOCIETY.

THE Second Monthly Meeting for the Session 1869-70 was held on Thursday, November 11th, 1869; Dr. GIBSON, President, in the chair.

C. D. H. Drury, M.D., Sunderland, was elected a member.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

FIFTH REPORT FOR 1869.

By G. H. PHILIPSON, M.A., M.D.

THE returns for the months of September and October, from August 29th to October 30th, 1869, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns.

DISEASES.

The extent to which they prevailed in Union, Charitable, and Public Institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents; the seizures from the zymotic division of diseases, and the total number of

cases of typhus fever, having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
September 4	352	130	75	42	6	0
September 11	313	129	57	27	5	1
September 18	337	130	68	32	3	2
September 25	323	149	77	43	11	6
October 2	302	117	65	36	8	4
October 9	310	118	51	19	5	3
October 16	357	108	64	12	4	1
October 23	293	124	50	21	1	3
October 30	299	158	44	32	5	9

The total of the new cases of disease and injury, in Newcastle, during the time under consideration, has slightly increased, in comparison with July and August, and the corresponding weeks of 1868. The average of the nine weeks of September and October being 320, that of July and August, 299, and that of the corresponding period of 1868, 297. The same statement is applicable to Gateshead. The average of the nine weeks of September and October being 129, that of July and August, 113, and that of the corresponding period of 1868, 96.

The seizures from general diseases, dependent upon a morbid condition of the blood, in both towns, have very slightly increased. In Newcastle, the average of the nine weeks being 60, against 51, the average of the nine weeks of July and August ; and in Gateshead, 29 against 17.

Small pox has been once recorded in Newcastle. The case was admitted into the Newcastle Fever Hospital, in the fourth week of September.

Measles, in both towns, has continued almost absent. In Newcastle, 9 cases being the total for the two months, and in Gateshead, 10.

Scarlatina, in both towns, has not increased. In Newcastle, the total number of cases, during the nine weeks being 67 against 68, the total of the nine weeks of July and August ; and in Gateshead, 13 against 8.

Diphtheria, in both towns, has been wholly unrecorded.

Whooping cough, in both towns, has been on the increase. In Newcastle, during the two months, 93 cases, and in Gateshead, 49.

Croup, in Newcastle, has been returned twice in September, and once in October, the last case having proved fatal.

Diarrhœa, in both towns, was common in September, and declined in prevalence in October. In Newcastle, the highest weekly number was 43, and in Gateshead, 19. In Newcastle, of 201 cases, during the two months, 5 were fatal; and in Gateshead, of 94 cases, 3 were fatal.

Dysentery has been thus noted—in Newcastle, in September, 7 cases, and in October, 3, 1 fatal; and in Gateshead, no case, in either month.

Asiatic cholera, in both towns, has been wholly unrecorded.

Typhus fever, in Newcastle, has been little in force, and in Gateshead, has been slightly on the increase. The weekly numbers, in Newcastle, have only once been over 8, this was in the fourth week of September, when the number was 11. In Gateshead, the highest weekly number has been 9. The total admissions into the Newcastle Fever Hospital, in September, amounted to 17, 11 typhus, and in October to 16, 7 typhus. The total of the two months being 18, against 30 in the same two months of 1868, and 79 in 1867.

Enteric or typhoid fever, in both towns, has been increasing in frequency. In Newcastle, in September, 12 cases, and in October, 15; and in Gateshead, in September, 3, and in October, 8.

In Newcastle, it has been further remarked, that of the cases at the Workhouse, those of febricula all occurred in children, have terminated in recovery, were accompanied by delirium, ran a course of from 10 to 14 days, and at the end of the first week required stimulants. The cases were looked upon as the result of overcrowding and imperfect drainage. Great care was exercised in removing and separating those affected, and thus a more serious outbreak probably was averted.

The cases of typhus and enteric fever at the Workhouse, 5 of the former and 3 of the latter, during the two months, occurred in the female temporary hospital, the out-fall of the drainage of which is defective, the water-closets being limited as to the extent of the discharge of the over-water, quite inadequate to clear and cleanse the drain-pipes, in consequence of which the noxious emanations or excreta linger and infect the place, a spread of disease being the result.

From the returns published in the daily papers and furnished to this society, the mortality in the Workhouse would appear to be large. In justice, however, to the medical officer and to the Guardians, it is to be remembered that a large number of incurables

are received, who have either been discharged from the Infirmary or have failed to obtain admission into that institution.

In Gateshead, it has also been remarked, that of the 11 cases of typhoid fever, 4 were from one family, living at Bill Quay, the other being from the Felling, young men living in lodgings, and engaged in the chemical works.

Under bronchitis and kindred affections of the chest, the numbers have varied, in Newcastle, between 23 and 45 ; and in Gateshead, between 4 and 48. In the corresponding period of October, the numbers were, respectively, 16 and 35 ; and 1 and 13.

Under phthisis, during the two months, 93 cases were returned in Newcastle, against 130 in July and August, and 93 in the corresponding period of 1868 ; and in Gateshead, 37, against 47, in July and August, and 50 in the corresponding period of 1868.

DEATHS.

The total registered in Newcastle ; the registered number, as compared with the corrected average weekly number in the ten years 1851 to 1860 ; the number in public and private practice ; and the annual rate of mortality in Newcastle ; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table :—

Week ending Saturday.	NEWCASTLE.					GATESHEAD
	Regis- tered.	Registered Number com- pared with the corrected Ave- rage Weekly Number in Ten Years— 1851 to 1860.	In Public Practice.	In Private Practice.	Annual Rate of Mortality.	In Public Practice.
September 4..	54	15 under.	11	43	22	2
September 11.	59	10 under.	12	47	24	0
September 18.	69	equal with.	18	51	28	0
September 25.	61	8 under.	18	43	24	6
October 2 ...	57	12 under.	11	46	23	4
October 9 ...	56	13 under.	6	50	22	1
October 16 ...	59	10 under.	10	49	24	1
October 23 ...	59	10 under.	7	52	24	2
October 30 ...	80	11 over.	19	61	32	1

The total of the deaths registered in Newcastle have fluctuated between 54 and 80 ; the former being the number for the first week of September, and the latter that for the last week of October.

The average of the nine weeks is 61, against 57, the average of July and August, and 63, the average of the corresponding period of 1868.

The registered number, with two exceptions, namely, the third week of September, when it was equal with, and the last week of October, when it was 11 over, has been under the corrected average weekly number in the ten years 1851 to 1860.

The annual rate of mortality has varied from 22 to 32 per annum, to 1,000 persons living; the former being the number for the first week of September, the first week of October, and the latter that for the last week of October. The average of the nine weeks is 24, against 23, the average of July and August, and 25, the average of the corresponding period of 1868.

From general diseases, dependent upon a morbid condition of the blood, during the two months, 26 deaths occurred in Newcastle, and 13 in Gateshead. In the corresponding period of 1868, the numbers were 20 and 5.

From typhus fever, during the two months, 9 deaths occurred in Newcastle, and 2 in Gateshead. In the corresponding period of 1868, the numbers were 4 and 0.

From phthisis, during the nine weeks, 11 deaths took place in Newcastle, against 15 in the corresponding period of 1868, and in Gateshead, 2 against 0.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, or the mean daily averages, as recorded at the Literary and Philosophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table:—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
September 4	55·0°	56·1°	0·00
September 11	57·5°	63 5°	1·40
September 18	54·0°	58·1°	2·00
September 25.....	55·5°	56·8°	0·48
October 2	54·5°	58·8°	0·21
October 9	54·5°	56·7	0·56
October 16	51·0°	54 5°	0·75
October 23	47·0°	42·7°	0·21
October 30	38·7°	40·0°	1·39

The temperature, in Newcastle, during September, gradually declined, and in the two last weeks of October, underwent a sudden and great diminution, the weekly mean of the last week of October being as low as 38.7° , a difference of 13.0° in two weeks. In comparison with the corresponding weeks of 1868, the temperature, in every week, has been higher in 1869 than in 1868, with the exception of the first two weeks of September and the last week of October. In the weeks, when the temperature was higher in 1869 than in 1868, the excess was from 4.0° to 8.0° .

The total rain fall in September amounted to 3.88 inches, and in October to 3.12 inches. The total of the two months being 7.00 inches, against 5.79 inches, the total for the corresponding period of 1868; and 2.28 inches, the total for the months of July and August, 1869.

Hereto, the weekly tables of diseases and deaths are appended.

Dr. PHILIPSON then read the following letter from Dr. Charlton, and on his suggestion, as the statement was of importance, it was resolved that the letter should be appended to the Report:—

7, Eldon Square, Newcastle-on-Tyne,
11th November, 1869.

Dear Dr. Philipson,—I regret that I shall not be at the meeting to-night, to hear your report on the diseases of the district. I have lately been attending some cases of fever in Bellgrove Terrace, at the head of the Leazes, in the new houses recently erected there. It was the usual gastric fever, and it occurred in one house after another, till it was evident that there must be some specific cause for its continuance. The drainage appeared to be tolerably good, but twenty yards behind this row of houses there is found the bed of the old pond, which now forms a deep morass of considerable extent. I suspect that here we have the cause of the gastric fever that has recently shown itself. The water that percolates through the morass is very clear, and below the grass there is about a half foot of soil resting upon a thick bed of oxide of iron, deposited, probably, from the colliery above. I do not know that there are any peculiar elements of disease in this combination, but we have decaying vegetable matter in abundance, quite enough, I think, to produce fever. Some of the houses above may possibly now partly drain into the bed of the old pond.

Believe me, yours very truly,

EDWARD CHARLTON.

Dr. GIBB said, during the last month, the great feature in his practice had been cases of typhoid—generally simple—one or two severe.

PATHOLOGICAL TRAY.

Dr. PHILIPSON presented a specimen of occlusion of the ductus communis choledochus, from a patient who had died in the Newcastle Infirmary. Dr. Philipson stated that the man had been transferred from Dr. Humble to his care, was 55 years old, a cattle drover, and that while attending the Newcastle market, was taken suddenly ill. From the time of his admission to his death, a period of nine weeks, he was intensely jaundiced. Mercurial and saline aperients and diuretics had been administered, but without any improvement. In consequence of such, and from the absence of pain in the right hypochondrium or any sign of enlargement of the liver, the jaundice was considered as due to obstruction of the bile duct, organic in nature.

At the *post mortem* examination, the gall bladder was found to be widely distended, and the ductus communis choledochus occluded at its passage into the duodenum. The coats of the duodenum were thickened, and the head of the pancreas greatly enlarged, and when cut across, very rigid. Under the microscope, the elements of cancer were very evident. The liver was not enlarged, but was studded with yellowish white nodules, about the size of peas, soft when cut across, and, when examined with the microscope, found to be cancerous.

Mounted specimens were exhibited.

Dr. PHILIPSON expressed his opinion that the cancerous nodules in the liver were secondary to the cancer of the pancreas. First, because primary cancer of the liver rarely extends widely throughout the body; on the contrary, it multiplies itself locally in the liver. Second, because primary cancer in the pancreas is very rare, without secondary cancer of the liver.

Dr. HEATH exhibited the bullet by which a little girl was accidentally shot by her brother, in Gateshead, together with the spinal canal in which it had been lodged. The patient was under the care of Dr. Cook, and Dr. Heath was called in consultation. When first seen, she was suffering from shock—completely paralysed, breathing abdominal, and nearly pulseless, with wound of entrance between second and third ribs in front of chest on one side. There was no cough nor spitting of blood, and no bullet could be found. From the symptoms, it was plain that the bullet had passed through the chest without wounding the lung, and that there was injury to the spinal cord. The prognosis was clear, and treatment evidently of no use. He read the following letter from Dr. Cook, describing the case:—

Dear Doctor,—The symptoms respecting the little girl, Emily

J. Skelton, upon whom we were in attendance, are, as reported in my case book :—

Friday, 11.45 : Called at 11.30 a.m. by a messenger to see a girl who was reported to have been shot. On my arrival at 56, Leopold Street, a quarter-of-an-hour after, I found a little girl, named Emily, about 13 years of age, lying upon a couch, who was stated to be the patient. She was cold, almost pulseless, and breathing with considerable difficulty. The dress (a woollen one) was perforated ; and on opening it, there was the distinct mark of a pistol bullet, which had entered the left breast, about an inch from the sternum, between the first and second ribs. The collapse was so great that I could do nothing but resort to stimulants, which consisted of brandy, combined afterwards with extract of beef. During the course of an hour the little patient rallied, and I then deemed it advisable to track the course of the bullet with an ordinary probe. The probe entered the orifice for about a quarter-of-an-inch, but would not penetrate further. No signs of a bullet were felt, and no hæmorrhage of any moment : no spitting of blood or vomiting at the time. Hands folded over the chest, when moved, dropped down. As soon as reaction set in, could answer in monosyllables, but showed no desire to continue conversation. Breathing laboured, as if by diaphragm alone : a desire to be able to cough was observed, but only resulted in a forcible expiration. The mucus forced up remaining on the edge of the lips, which was not tinged, and carefully wiped away by an attendant. On endeavouring to change her position, and asking her to assist herself by pulling her legs up, she said she could not do so. I then examined her, and found total loss of motive-power, but anæsthesia only existed from the knees downwards. Ordered the beef tea and brandy to be continued in small doses at frequent intervals, and a mixture of ammonia and onion to be given every two hours. At 6.0 p.m. the patient, who was in pretty much the same state as at 3.0 p.m., was examined by Dr. Heath, vomiting having come on. The wound, which had been dressed with a layer of lint dipped in water, was removed, and by Dr. Heath's advice, dressed with carbolic acid and oil, and glycerine. 9.0 a.m. Saturday. Passed a favourable night. Vomiting still continued : on one occasion a little blood came up. Great thirst. Pulse very quick, scarcely able to count it. Quite conscious, complained of pain in chest. Ice ordered with champagne, and to continue as before. To meet Dr. Heath at 1.0 p.m. Symptoms pretty much the same as when seen at 9.0 a.m. 8.45 p.m. : All symptoms very much aggravated, especially breathing ; occasionally wandering. Ordered an opiate. 3.45 a.m. : Summoned hurriedly, as child reported dying. On arrival, found her rapidly sinking. Her hands, which were previously crossed upon her breast, were

now tossed wildly about. Speaks to those around her, and is occasionally perfectly conscious.

At 7.0 a.m. she died, having previously called her brother to her, and told him she forgave him, and bid them all good-bye. No convulsions, but seemed to die from exhaustion.

Autopsy forty-eight hours after death.

The probe could not be passed into the chest, and only about an inch into the wound, which was then enlarged, but still the probe would not pass until the bruised muscular tissue was cleared away, when the track of the bullet was found, and the chest was then opened. Bloody fluid was found in the chest, and the lung collapsed, but not wounded. The bullet was traced between the heads of the ribs, and found lying on the lacerated cord, and in front of the vertical plates, the *post mortem* condition corresponding perfectly with the symptoms before death. It was somewhat remarkable that a wound was made in the chest, and yet it was so closed that a probe could not be passed into the chest, and no air had entered.

Mr. JOBSON said cases of gun shot wound were not often before the Society. Two months ago, he was called to see a policeman, who was shot by a pistol ball, which entered the chest below the clavicle. A probe could only be passed about an inch into the wound. There was great depression. A tumour formed near the axillary artery, and the radial of that side was pulseless. The diagnosis was injury to axillary artery. The tumour went down. The arm became paralysed for a week, after which he began to move the hand and fingers by degrees. He has now the use of the fore and middle fingers; the other fingers still numb. The bullet has not been found, and is probably lodged about the axillary plexus of nerves. Mr. Jobson remembered another case, in which the thumb was over the muzzle when the gun went off, and blew away the last phalanx, the shot entering below the clavicle. Death followed from tetanus. Only a superficial examination of the body was permitted, and on passing the finger into the wound the thumb nail was found driven into the chest.

Mr. JEAFFRESON said: In the year 1864, whilst he was house-surgeon to Sir W. Lawrence, a young man was admitted into St. Bartholomew's Hospital, with five bullet wounds produced by an attempt at self-destruction with a revolver. Three penetrated the cavity of the chest on the left side, and two were in the neighbourhood of the left shoulder joint. No corresponding exit holes could be found, and it was supposed the balls that entered the chest must have lodged somewhere in the neighbourhood of the spine, whilst those in the neighbourhood of the shoulder were probably located at the back of the scapula. There were all the

symptoms of wounded lung, but yet he suffered little distress, and in a few days all the wounds healed. About three weeks after his admission, Mr. Jeaffreson found three hard swellings in the course of the great dorsal muscles, and upon cutting down upon these a bullet was extracted from each. The remaining two bullets were never found, and at the end of six weeks he left the hospital, with the exception of a little difficulty in moving the left shoulder, perfectly well.

Mr. JEAFFRESON exhibited an enormous testicle, which he had removed from a healthy-looking farmer, æt. 54. It had been growing for three years, but during the last few months it had rapidly increased in size, so much so as to necessitate his slinging it round his neck by means of a bag and tapes. As the cord was somewhat enlarged, Mr. J. adopted a method which, he believed, in some measure contributed to the total severance of the healthy from the diseased tissues. When the cord had been carefully dissected out it was dragged down to its fullest extent, a needle set on a handle and armed with a stout thread was made to transfix it; the needle was then withdrawn, and the whole cord tied in two parts, and then severed below the knot. The ligature retreated some distance into the inguinal canal, and was longer than usual in separating, but the patient made a good recovery, and is now following his usual avocations. The tumour measured 12 inches in length, 15 inches in circumference, and weighed upwards of 3lbs. It was pronounced by Dr. Philipson as a well-marked case of encephaloid disease.

Dr. PHILIPSON, in the absence of Dr. Henry D. Ward, Blyth, presented the kidneys from a case of Bright's disease. The patient, for some time, had suffered from diarrhœa, but there had been an absence of anasarca or other dropsy. The urine was highly albuminous. Dr. Philipson stated that the kidneys were specimens of the pale smooth kidney, the second stage of Bright's disease. He further remarked, that the diarrhœa acted as an emunctory for the urea and other excreta of the urine, and was specially to be heeded and on no account suddenly restrained, for if so, the patient might be suddenly cut off by convulsions, apoplexy, or effusion into the serous cavities, as the pericardium, the pleuræ, or the ventricles of the brain.

CASE OF ANEURISM OF THE ABDOMINAL AORTA.

By D. EMBLETON, M.D.

THE materials for the account of this case were collected by Mr. J. P. Parkinson, my clinical clerk.

John Fox, æt. 43, single, bricklayer, presented himself at the Infirmary on February 16th, 1865, and was seen at first by the assistant-surgeon, to whom he made the following statement, which was all that could at the time be elicited from him :—"He had a bad stomach, vomited everything he took, was sometimes troubled with palpitations of the heart, and had difficulty in passing his water."

As there were no urgent symptoms requiring his admission into the house, he was made an out-door patient. His complexion was sallow, and he looked emaciated, but had never been stout. Pulse, 90, breath foetid. Ordered bism. alb. gr. x. acid. nitro-hydrochlor. dil. M. x. acid. hydrocyan. M. ii. in infus. gent. co., thrice daily.

February 24.—Complained of epigastric pains, flatulence, and vomiting after food, the matter ejected being "sour slime." Bowels irregular, has had occasional rigors. Urine, high-coloured, and with a red sediment. Inf. gent. co. with soda, and three drops each of tinct. opii. and hydrocyanic acid, twice a-day, and aloetic pill, p.r.n.

He was admitted into the house soon after, having become evidently worse. *On March 3rd*, a faint bellows murmur over the middle of the sternum was detected—breath, as before foetid. *March 17th.*—Vomited a good deal of bile, had bad appetite, and was weak. Mist. magn. et rhei with sod. tartr, bis die, pilul rhei et hydrarg. ii. H. S. p.r.n. *March 20th.*—Severe pains in epigastrium, and in lumbar and pubic regions. Tongue white, appetite and breath as before. P. 90. Urine thick, high-coloured, and depositing copious urates.

He continued in much the same state till *April 24th*, when, on a more careful examination of the abdomen, there was found some tenderness over the liver and stomach, with flatulent distension of the latter. In the left lumbar region, and extending towards the umbilicus, was a rounded pulsating tumour, above the size of a hen's egg, hard and tender on pressure; and which was prolonged downwards towards the pelvis, bulging out below.

On auscultation, a distinct single aneurismal whiz was heard over the whole tumour, loudest over the position or line of the aorta, and could be distinctly traced upwards into the epigastric

region, where it was more concentrated, resembling a rough beat of the heart. No bellows murmur was now heard over the sternum, and the sounds of the heart were normal. *Diagnosis*; the aorta is no doubt aneurismal, and there are two principal tumours connected together, the upper and larger situated close to the coeliac axis, the other about the origin of the mesenteric artery. The patient now says that he had had rheumatic fever five or six years ago. Ordered, tinct. ferri sesq. tinct. hyoscyam in inf. quass. ter die; cod liver was afterwards added. *May 4th.*—Pills of acetate of lead gr. iii., and extr. hyoscyam gr. ii. each, were given, but without any visible good effect. Galvanism was also used, and it appeared to alleviate the severe pain which he felt at times in the abdomen. The symptoms continued much the same, but he grew weaker and more emaciated until his death, which occurred by syncope on the 1st of June.

Examination, 39 hours post mortem: Much emaciation, pupil of left eye contracted as compared with that of the right. The cartilages of the ribs almost completely ossified.

On opening the abdomen, an immense and dark clot of blood was seen extending from the diaphragm to the margin of the pelvis, and about a pint and a half of bloody serum was also found in the peritoneal cavity; this large effusion of blood amply accounted for the suddenness of the patient's death. The clot was removed, and the aorta dissected out. At about two inches below the level of the diaphragm, and in the front and upper part of the immensely dilated aorta, was an aperture about the size of a pea, with dark coagula around it, whence the hæmorrhage had issued. The tumour was found to extend outwardly, lying upon the bodies of the lumbar vertebræ, which had all undergone extensive erosion on the left side, the left ureter lay in front of the tumour, as did also the psoas magnus muscle, which was much stretched over it. The tumour extended also downwards as far as Poupart's ligament.

The left common iliac artery lay parallel with the tumour, but was unconnected with it, and healthy. The dilatation began just below the coming off of the superior mesenteric artery, its original cavity appeared to be of the size of a large orange, and contained a quantity of firm fibrous coagula; the entrance and exit of the aorta were well defined in its interior. The sac had become dilated in different directions, in the uppermost of these processes the perforation before mentioned was situated, the lowest and largest extended to Poupart's ligament. The walls of the sac varied much in thickness, in some places being so thin as to be almost transparent, in others, measuring a quarter of an inch.

Both lungs were adherent to the walls of the chest, the right less firmly than the left, which adhered also to the diaphragm, and contained in its apex a few tubercles, none existing in the right lung.

The pericardium contained half an ounce of clear serum.

The heart itself was flabby ; the auriculo-ventricular and pulmonary valves were healthy, the aortic valves slightly thickened.

At the commencement of the aorta were a few atheromatous patches of the size of small peas.

The capsule of the right kidney was in part too easily removable ; on section, the gland was pale throughout, its weight—5 oz., being over the average. The left kidney was not found diseased.

The liver, pale and friable, contained little blood. The gall-bladder no concretions.

Remarks : This case quite bears out the oft-repeated observation that aneurism of the aorta, near the stomach, gives rise at first, and for some time, to mere symptoms of dyspepsia, and that it may easily be mistaken, therefore, for that disorder, as was the case indeed in this instance ; hence the necessity for a thorough examination of the abdomen, in such cases, at the earliest possible period.

It was an ordinary case of aneurism of the abdominal aorta, occurring in a male of little more than the average age, which is forty years for such cases.

Its termination is that which most frequently occurs ; bursting into the peritoneum, is said by Dr. Habershon to occur in seventy-seven per cent. of the cases observed.

The pain seems to have arisen more from the deep erosion of the lumbar vertebræ than from the stretching of the nervous network covering the aorta, to which in many cases it has been attributed.*

The contraction of the left pupil corresponds exactly with what has been observed by various authors in aneurism of the thoracic aorta.†

Operative interference, even by pressure, was deemed quite inadmissible, indeed, pressure was very likely to have hastened the fatal result.

The duration of the disease was not ascertainable with any accuracy, but probably the foundation of it was laid during the rheumatic attack of five or six years before. To this also the atheromatous patches in the arch of the aorta were probably owing.

* Habershon, Guy's Hosp. Rep., 3rd Ser., Vol. 1X.

† Under heading, *Aneurism of Thoracic Aorta*. The Science and Pract. of Med. Aitken, Vol. 2, p. 721. Permanent contraction of the pupil on the affected side, is in some cases another sign of aneurism, which Drs. Reid, Gairdner, Ogle, and others, have clearly demonstrated.

ON DYSMENORRHŒA.

By CHAS. GIBSON, M.D.

In persons of perfect health the phenomena of menstruation may be brought about and completed without bodily or mental disturbance. In our day and experience, this immunity is not common. The bodily organization is such that the local changes have a sensorial recognition and a systematic expression. Usually, the catemenial eruption is preceded or accompanied by lassitude, aching of head, back, or limbs, neuralgias, disturbed circulation, impaired digestion, or some of these; and the phenomena are so common that they are looked upon as normal and necessary antecedents or concomitants. Their exaggeration or intensification, however, is a thing of daily observation in their totality or in their individuality. Every such exaggeration constitutes a variety of dysmenorrhœa. The bodily forces are the subjects of distinctive changes—changes referred to temperament, mode of life, climatic transitions, &c. And the correlations of these forces of necessity participate in such changes. A refined nervous organisation will display refinements in nervous disorder, and changes unfelt in health thence become sources of suffering—hyperæsthesia is set up, as shown by local suffering or constitutionally by hysteria, &c. The strongly pronounced sanguineous temperament has its expression in remarkable tendencies to constitutional and local plethora; just as the nephralgic or bilious subject proclaims her speciality in disorder by disturbance in her renal or hepatic organs. The process of ovulation may not be perceptibly influenced, and the menstrual discharge may be normal in time, quality, and quantity; but the system of the individual is morbidly acted upon—there is suffering at the catemenial periods—hence there is dysmenorrhœa. And it is but just to recognise any undue or imperfect action of individual organs at catemenial periods—the expression of perverted function consequent upon the menstrual effort—as a variety or an illustration of dysmenorrhœa. Dysmenorrhœa, then, is not a distinct disease—it has no precise locality—it is not referable to any one distinct organic change—to any single morbid action; it is an effect—a manifestation of many morbid actions. The word only expresses that the performance of the catemenial function is accomplished with difficulty—with suffering. The suffering is sometimes confined to the organs of generation, and sometimes it is removed from those organs, hence we recognise a constitutional and a local form of the disorder. Painful menstruation is, indeed, only a symptom or a manifestation of disordered action, but the

constitutional form of the dysmenorrhœal manifestation demands recognition as distinctly as the local form does. I desire particularly to insist upon this. The sympathetic or the diastaltic nervous system has been alarmed at the local changes, and a distant organ, or the whole body, suffers in consequence. The exact action which is necessary to the perfection of co-ordination has been disturbed, and constitutional dysmenorrhœa has become developed. "In one case a single lady on two occasions suffered remarkably—she walked with naked feet in her garden in winter, gesticulating wildly as she walked. On solicitation she returned to her house, slept long and soundly, and when she awoke the menstruation was still going on naturally." Recurring attacks of epilepsy which ensue at the time of menstruation bear the same interpretation; as do those of the two grand climacterics of female life; and frequently, also, those of the puerperal state. In the next place, it is to be noticed that epileptiform hysteria has commonly a like association, and thence we may descend to the recognition of special ailments of particular organs, which again react in the development of new constitutional disorder. Moreover, it should be observed that delicate and refined states of bodily function, especially in their common developments upon the organs of sense and those upon the intellect and moral feelings, readily determine perversion of the functions of the organs of generation and in the train of such perversions, suffering during the menstrual epochs is especially to be noted.

It should be accepted, then, that a woman may suffer at her catemenial periods without perceptible functional imperfection in the uterus or ovaries, that this suffering may not be expressed in bodily disorder even, so much as in mental derangement—from hallucinations—referred to the organs of special sense up to distinct aberrations of the intellect or moral feelings, and that this bodily or mental disorder—although maintaining precise relations with the menstrual epochs—may yet have its acme in development at periods of parturition, showing at one time and in one person epileptiform convulsion, and at another time or in another person mental aberration; the phenomena of hysteria assuming and maintaining an intermediate position.

Dysmenorrhœa having its manifestation of local disorder or disease referred especially to the ovaries and uterus, is conveniently divided into three varieties:—1st, the neuralgic; 2nd, the congestive; 3rd, the mechanical. There is unquestionably a form of menstrual suffering which is neuralgic; the pain is nerve pain, and may continue for long periods without producing visible changes of structure in the organs which are its special seat. This neuralgia, like others, commonly occurs in persons whose organisation is delicate and sensitive, and whose bodily health is feeble.

The pain is characteristically *acute*, and it observes a habit of remission, and sometimes, indeed, of intermission. It is sometimes confined to a very limited space—as to a spot about an inch above Poupart's ligament—but sometimes it radiates to a considerable distance upwards towards the breasts, downwards towards the thighs, and backwards towards the lumbar and dorsal regions. This neuralgia will sometimes become suddenly intense; occasionally it ceases as suddenly; and it is remarkable how intense the catemenial suffering may be without producing notable change in the character, the progress, or the duration of the discharge. Hysteria is a common accompaniment of this catemenial nerve pain, which is mostly, though not exclusively, observed in single women, or in married women who have never born children. The affection is said to be sometimes associated with ague, and to be exceedingly common in marshy districts. It is, moreover, noteworthy that the suffering in neuralgic dysmenorrhœa becomes sometimes intense after fatiguing exertion of body or mind. This neuralgia commonly affects the uterus or ovaries, or both, but it is by no means confined to these organs.

The congestive form of local dysmenorrhœa doubtless sometimes affects the ovaries, where it from time to time passes on to a true inflammation, as shown by changes of structure in the organ, and by the production of suppurative action and the actual formation of abscess. But the common seat of this periodic congestion is the uterus. The congestion is sometimes apparently confined to the cervix uteri; which may thence become the subject of inflammatory action, and then again may result in great hypertrophy of the organ. Commonly, however, the congestion is present over the whole organ, and it becomes the cause of catemenial suffering evidently in two ways at least:—1st. It modifies the character of the lining membrane itself, which hence resists the solvent action of the circumjacent fluids, and is discharged from the uterus as a cast of the organ—illustrated by a fine example which I showed to this society a short time ago—or it is removed in shreds; but always with a great amount of uterine effort. Mere detachment of the membrane is often difficult, and the whole process is only effected with extreme suffering. 2nd. The engorgement of the uterus, which is inseparable from the function of menstruation, is often sufficient to produce pain in the organ; and *excessive* engorgement will be recognised as a sufficient cause of great menstrual suffering. When, however, the exude from the surface of the uterus is free, relief is speedily brought about, and the pain of the congestive dysmenorrhœa often disappears within twelve hours of the commencement of the menstrual discharge: never to return until the arrival of the next catemenial period. But the congestive form of the disorder is often associated with difficulty in the elimi-

nation of the sanguineous fluid from the surface of the uterus, and great suffering is sometimes felt during the whole period—the pain only subsiding as the organ becomes quiescent. There is another form of this congestive dysmenorrhœa which leads us to the consideration of mechanical dysmenorrhœa. Here the congestion is especially located in the lining membrane and mucous glands of the cervix uteri; both become enlarged—swollen; and the consequence is that the canal of the cervix is eventually almost lost. This narrowing of the canal prevents the proper discharge of the menstrual blood, it becomes pent up and more or less coagulated; and contractions of the sensitive uterus are necessary for the expulsion of the pent up material. Thus congestion of the organ induces irritability and spasm of its muscular fibres. This spasm becomes especially active upon the sphincteric or circular fibres; hence contraction of the os uteri internum as well as of the os tinæ becomes readily established. The frequent recurrence of this contraction induces hypertrophy of the muscular fibres, and what at first was only a spasmodic, becomes ultimately a permanent, stricture.

But of all the forms of dysmenorrhœa the most common is, to my mind and in my experience, the mechanical. The structural imperfections which produce painful menstruation are very various, but they all produce one result, viz., impediment to the easy discharge of the catamenial fluid. Narrowing of the canal of the cervix, readily impedes the menstrual flow, and is an exceedingly common accompaniment of menstrual suffering. Flexures and versions of the uterus occur next in frequency as mechanical causes of dysmenorrhœa; and next to these must be placed the presence of tumors of various kinds and in various positions. The presence of tumors is frequently overlooked; and when situated within the body of the uterus, especially, they often require the nicest manipulation for their detection. Their agency in interfering with the normal flow of the menstrual fluid is beyond question.

It would be difficult to estimate how frequently versions and flexions of the uterus produce dysmenorrhœa, and how often these items of causation are overlooked. Still a moment's reflection will show how powerful these changes in the form and position of the uterus must be in such production. And it will require no strenuous advocacy of the importance of these mechanical changes to show the impossibility of relieving or removing the pain in menstruation without the restoration of the organ to its normal form and position. Here again congestion of the organ plays an important part in the causation of the dysmenorrhœa as it does in its perpetuation. The uterus becomes increased in size and weight by the superabundant blood, and the overweighted organ readily topples over; or the organ becomes morbidly sensitive, by the accumulation of blood, and by the perversion of its nutritive

changes; tenesmic action is set up in the abdominal muscles, and the offending uterus is impelled into the pelvic cavity—impelled, it may be, in a line opposed to that of its axis, and flexion or version becomes the accompaniment of the prolapsus.

Narrowing of the cervical canal occurs in every part of its course, but it is especially at its extremities that the narrowing is observed. According to Barnes, the *os tinæ* is the most frequently contracted, and I have observed, frequently, amelioration, or removal of the dysmenorrhœa, by incising this part of the canal. Nevertheless, everyone accustomed to explore the interior of the uterus by the sound, must have noticed that impediment to the progress of the instrument takes place at the *os internum*; and it is a matter of every-day observation that a cold sound will pass here with the greatest difficulty—evidently from spasmodic contraction—whilst the warmed instrument will commonly pass, in the absence of permanent stricture, with the greatest ease. However, the fact that incision of the whole canal is sometimes necessary for the relief of the menstrual suffering, clearly indicates that this contraction is not always confined to the extremities of the canal. But these data, it should be remembered, are not sufficient to settle absolutely this matter, because mere dilatation of the canal, as by tents, fails from time to time, where incision afterwards employed effects cure. Satisfactory explanation of this circumstance has yet to be given.

NORTHUMBERLAND & DURHAM MEDICAL SOCIETY.

THE Third Monthly Meeting for the Session, 1869-70, was held in the Infirmary, on Thursday, December 11th. Dr. GIBB, Vice-President (in the absence of the President), in the chair.

The following gentlemen were proposed for election as members :—

Mr. A. H. Walpole, Infirmary.

Dr. Byrom Bramwell, North Shields.

Dr. Andrew Aitcheson, jun., Wallsend.

The Secretary read the following report of the Sub-Committee, appointed to consider Dr. Eastwood's proposal to amalgamate with the Northern Branch of the British Medical Association :—

REPORT OF SUB-COMMITTEE.

Meeting of Sub-Committee, appointed to consider Dr. Eastwood's proposition to amalgamate this Society with the Northern Branch of the British Medical Association, held at the Infirmary, November 24th, 1869.

Present—Drs. Gibson, Gibb, Burnup, Philipson, Ellis, and the Secretary.

On a careful consideration of the subject, and of the arguments adduced by Dr. Eastwood, the Committee think that, by the proposed amalgamation, the saving in subscription would be very small, and not likely to influence the number of members, and, on the other hand, that the use of the books in the Infirmary Library might not be permitted to the Association as it is to the Society.

They further find that out of 101 members of this society 81, or four-fifths, are already members of the British Medical Association, and, therefore, by the action of the individual members, the society is, to a certain extent, merged into the Northern Branch of the

Association. Whereas, there are 179 members of the Branch who are not members of this Society, and who might object to join it and pay the increased subscription, in which case the publication of the transactions of this Society must necessarily be suspended.

The Sub-Committee, therefore, cannot report in favour of the proposed amalgamation.

A lengthened discussion followed the reading of the report, after which the motion was put to the vote, when seven members voted in its favour, and 13 against.—The motion was therefore lost.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

SIXTH REPORT FOR 1869.

By G. H. PHILIPSON, M.A., M.D.

THE returns for the month of November, from October 31st to November 27th, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns.

DISEASES.

The extent to which they prevailed in Union, Charitable, and Public Institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents; the seizures from the zymotic division of diseases; and the total number of cases of typhus fever; having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead
November 6.....	338	111	68	23	1	2
November 13 ...	300	121	49	10	3	3
November 20 ...	353	154	55	23	5	1
November 27 ...	354	116	65	19	6	1

The total of the new cases of disease and injury, in Newcastle, has slightly increased. The weekly numbers have varied between 300 and 354. The average of the four weeks is 336 against 315, the average of the four weeks of October, and 309, the average of the corresponding period of 1868. In Gateshead, the weekly numbers have varied between 111 and 154. The average of the four weeks is 125 against 127, the average of the four weeks of October, and 105, the average of the corresponding period of 1868.

The seizures from general diseases, dependent upon a morbid condition of the blood, in Newcastle, have slightly increased, and in Gateshead, have remained stationary. In Newcastle, the average of the four weeks is 59 against 52, the average of the four weeks of October, and 76, the average of the corresponding weeks of 1868. In Gateshead, the average of the four weeks is 19 against 21, the average of the four weeks of October, and 16, the average of the corresponding weeks of 1868.

Small pox, in both towns, has been unrecorded.

Measles, in both towns, has continued almost absent. In Newcastle, 6 cases being the total for the four weeks, and in Gateshead, 7.

Scarlatina, in Newcastle, has very slightly increased; and in Gateshead, has been stationary. In Newcastle, the total number of cases, during the four weeks, being 48 against 35, in the four weeks of October; and in Gateshead, 6 against 4.

Diphtheria, in both towns, has been unrecorded.

Hooping cough has continued stationary. In Newcastle, the total number of cases, during the four weeks, being 58 against 42, in the four weeks of October; and in Gateshead, 14 against 12.

Croup, in Newcastle, has been unrecorded; in Gateshead, twice noted.

Diarrhoea and dysentery have been very little in force.

Asiatic cholera has been unrecorded.

Typhus fever has very greatly diminished in prevalence. In Newcastle, the weekly numbers have been 1, 3, 5, and 6, making a total of 15 against 15, the total of the four weeks of October, and 23 in the corresponding period of 1868. In Gateshead, the weekly numbers have been 4, 3, 1, and 1, making a total of 7 against 16, the total for the four weeks of October, and 16, in the corresponding period of 1868. The total admissions into the Newcastle Fever Hospital, during the four weeks, amounted to 11, 8 typhus. In November, 1868, the admissions from typhus were 14, in the same month, of 1867, 58, in that of 1866, 26, and in that of 1865, 166.

Enteric or typhoid fever, in its outbreak in Newcastle, during the past three months, would appear to have been limited in its influence. In Newcastle, during the time under observation, the disease

has been unrecorded, with the exception of one case, in the return for the Infirmary. The patient, a man, was admitted from Jarrow, and when the disease was developed, without delay, was removed to the Fever Hospital. In Newcastle, in October, 15 cases were reported ; and in September, 12. In Gateshead, 3 cases have been returned for the four weeks.

Under bronchitis and kindred affections of the chest, the numbers have varied, in Newcastle, between 41 and 56 ; and in Gateshead, between 13 and 28. In the corresponding period of 1868, the numbers were, respectively, 30 and 57 ; and in Gateshead, 9 and 19.

Under phthisis, during the four weeks, 64 cases were returned, in Newcastle, against 46, in October, and 58, in the corresponding period of 1868 ; and in Gateshead, 25 against 16, in October, and 12, in the corresponding period of 1868.

DEATHS.

The total registered in Newcastle ; the registered number, as compared with the corrected average weekly numbers in the ten years 1851 to 1860 ; the number in public and private practice ; and the annual rate of mortality in Newcastle ; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table :—

Week ending Saturday.	NEWCASTLE.					GATESHEAD
	Regis- tered.	Registered Number com- pared with the corrected Ave- rage Weekly Number in Ten Years— 1851 to 1860.	In Public Practice.	In Private Practice.	Annual Rate of Mortality.	In Public Practice.
November 6..	75	6 over.	13	62	30	3
November 13.	69	equal with.	13	56	28	0
November 20.	68	1 under.	4	64	27	2
November 27.	67	2 under.	17	50	27	1

The total of the deaths registered, in Newcastle, has fluctuated between 75 and 67. The average of the four weeks is 69, against 63, the average of the four weeks of October, and 61, the average of the corresponding weeks of 1868.

The registered number, as compared with the corrected average weekly number in the ten years 1851 to 1860, in the first week of

November, was 6 over ; in the second, equal with ; in the third, 1 under ; and in the fourth, 2 under.

The annual rate of mortality has varied from 30 to 27 per annum, to 1,000 persons living. The average of the four weeks is 28 against 25, the average of the four weeks of October, and 25, the average of the corresponding weeks of 1868.

From general diseases, dependent upon a morbid condition of the blood, during the four weeks, 5 deaths occurred in Newcastle, and 2 in Gateshead. In October, in Newcastle, 10 deaths occurred from the same division of diseases, and in Gateshead, 3. In the corresponding period of 1868, in Newcastle, 10, and in Gateshead, 2.

From typhus fever, during the four weeks, 2 deaths occurred in Newcastle, and 0 in Gateshead. In October, 3 deaths occurred in Newcastle, and not one in Gateshead.

In the corresponding period of 1868, no deaths from typhus occurred in either town.

From phthisis, during the four weeks, 5 deaths took place in Newcastle, against 5, in October, and 7 in the corresponding period of 1868 ; and 2 in Gateshead, against 0 in October, and 0 in the corresponding period of 1868.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution ; the mean of the temperature of the air of Greenwich ; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table :—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
November 6.....	45·4°	46·6°	0·63
November 13.....	40·0°	41·1°	0·45
November 20.....	46·5°	45·8°	0·80
November 27.....	38·0°	41·0°	1·63

The temperature, in Newcastle, during November, was most variable. The weekly mean of the first three weeks being comparatively high, and that of the fourth very low, the difference between the third and fourth weeks being 8·5°. In comparison

with the corresponding weeks of 1868, the temperature, in every week, was higher in 1869 than in 1868, with the exception of the fourth week, when in 1869 it was $3\cdot0^{\circ}$ under that of 1868.

The total rainfall, in Newcastle, in November, amounted to 3.51 inches. In October, the total was 3.12 inches, and in November, 1868, 2.58 inches. In the twenty-four hours, from 9 a.m., of November 23rd, to 9 a.m., of the 24th, 1.20 inches of rain fell, one-third of the total rain fall for the four weeks.

Hereto, the weekly tables of diseases and deaths are appended.

PATHOLOGICAL TRAY.

Mr. JEAFFRESON exhibited the stone extracted from the bladder of Sir John Fife, on November 11th, by Sir William Fergusson. The symptoms first appeared two years since. Pain after riding, supposed to be from enlarged prostate, then came bleeding from the bladder, and on one occasion the bladder filled with blood. At that time he was seen by Mr. Syme, who sounded but found no stone; bleeding became more frequent, and his general condition worse. He wrote one day from Haughton Castle for some one to go.—Mr. Jeaffreson went with sounds, and discovered the stone. The operation was well borne, and Sir John went on well for a week, when symptoms of sinking appeared, but since then he has improved, and is now likely to recover. At the incision a portion of the middle lobe of the prostate projected into the bladder, and Sir William snipped off a portion. The stone was composed of urates, with a coating of phosphates.

Dr. GIBB exhibited an elongated calculus, about two inches in length and half-an-inch in diameter, having one extremity bulbous in form. The boy, from whom it was removed, had not suffered from any symptoms of stone until four months before the operation. The sound was not at first able to enter the bladder, owing to the bulbous end of the stone being encysted in the prostatic part of the urethra, but after somewhat forcible manipulation per rectum the stone snapped in two, the longer and narrower part falling into the bladder, and the bulbous end loosening in the cyst, so as to allow the grooved staff to enter the bladder. A semilunar incision was made in the perineum, and the extraction, by the median operation, first of all, of the encysted bulbous end, and afterwards of the long free portion of the calculus in the bladder was easily effected. The boy passed urine through the penis at the end of twelve days.

Dr. GIBB presented a very large specimen of medullary cancer of the lower end of the femur, removed by amputation at the hip joint from a young mother. The disease had commenced some six months before, with symptoms resembling periostitis of the bone. She was recovering favorably after the amputation; the wound having nearly all healed by the first intention.

Dr. GIBB exhibited two considerable fungoid tumours, which he had removed from two women by the ecraseur along with the os uteri. The tumours in each were remarkably similar, filling completely the vagina, and bleeding frequently and copiously; indeed, one patient was only saved dying a few days before the operation by a compress forcibly retained in the vagina. The ecraseur, in each case, was applied round the neck of uterus, but, on the tightening of the wire, slid off the firm fibrous structure of the uterus, cutting off the soft fungoid mass of the tumour. A vulsellum was then used to bring down forcibly the body of the uterus and the ecraseur made to divide the upper folds of the vagina with the uterus a little above the neck. It was found that very strong wires were necessary to cut through the body of the uterus; in the first case three wires in succession breaking away, and necessitating, last of all, the use of the knife to complete the operation,

One patient recovered without one bad symptom, the other died in about a week from exhaustion, induced by continued vomiting, commencing soon after recovery out of the influence of the chloroform.

The bleeding, in each case, during the operation, did not amount to a wine-glassful of blood.

Dr. PHILIPSON showed a specimen of false membrane expelled from the throat in a case of croup, which he had seen in consultation with Dr. Manford. The membrane was a cast of the primary and secondary divisions of the bronchi. The treatment was by emetics, by which the boy recovered so far, but in a fortnight he was attacked a second time and died.

Dr. ARNISON exhibited a uterus and appendages with the following history:—The patient, a young married woman, was first seen by him at the dispensary three or four years ago, suffering from amenorrhoea; at certain periods there were symptoms which usually attend menstruation, but the discharge never appeared; the patient was well formed and fully developed, but treatment produced no effect. She was, for a time, treated by Dr. Wm. Murray, who applied galvanism, &c., without any result. A fortnight ago, she died of phthisis, at the age of 22. At the post mortem the uterus was found somewhat small. The os pervious, the ovaries normal, and showing signs of repeated maturation and discharge of vesicles, but on searching for the Fallopian tubes they were not to

be found. On one side was a small portion of a rudimentary tube, into which a probe could be passed for half-an-inch after it was opened by the knife, but both ends of this tube terminated in a cul de sac. There was no appearance of any fimbriated extremity on either side, and the superior angles of the uterus formed culs de sacs, on one side was a depression where the opening into the Fallopian tube should have been, but no opening existed.

ON SANITARY REFORM IN RURAL DISTRICTS.

BY J. W. EASTWOOD, M.D.

AMID the great strides which have been made in our knowledge of the causes of disease, in the metropolis and the large towns of the kingdom, and amid the efforts made to remedy them, there appears to be some danger lest small towns and rural districts be forgotten. Much has been done in the way of improvement, and much yet remains to be done in the great centres of population. Leaving them out of consideration for the present, I would direct your attention to an aspect of the sanitary question, perhaps not so apparent, but not the less real and important.

The management of the sanitary measures of small towns is left necessarily to local boards. These are composed chiefly of tradesmen, and if perchance a medical man happens to be amongst them, his views are generally regarded as being very extreme, and he is thought by the rest to be talking a good deal about a subject which is of little consequence. The grocer and the draper cannot easily see the connection between want of proper drainage and the sickness and mortality of the inhabitants. From circumstances which operate in all small localities, there is usually such an amount of petty feeling displayed, that it is an unpleasant duty for a medical man, even when he is fully alive to his duties, to make complaints about any particular nuisance.

In the very small towns, where there is no corporate body, and in villages and hamlets, the difficulties in the way of sanitary reform are still greater. It may be said, indeed, that in a great number of places, no means whatever are employed to convey away the refuse animal and vegetable matter, which always accumulates near human habitations. In one small town I know, with a population of 3,000, situated 700 feet above sea-level, with a rapid fall on three sides, there is absolutely no provision made for the escape

of sewage, although some steps have been proposed. At a farm house near, typhoid fever broke out some years ago in a household consisting of eleven individuals, father, mother, eight children, and a servant. The whole of these persons were attacked, excepting the father. I could not trace the origin of the fever to any infection, nor was it communicated to any other persons. There was, indeed, only one house within a quarter of a mile from the farm. The house is on the edge of a small table land, with a considerable decline on one side, admirably suited for the adoption of the simplest measures for drainage, but none existed. In another place, a large village, I attended thirty cases of typhoid fever in two months, and in only a few instances could they be attributed to anything but the want of proper drainage. There were no satisfactory arrangements for the escape of the sewage. In another small town, situated on the banks of a rapid river, a large number of the houses are totally unprovided with any outlet, and the local authorities are quite inadequate to provide a remedy, or do not think it necessary. In such cases persons object very much to give any notice of a nuisance caused by a neighbour. Medical men do not like to do the same thing with respect to one of their own patients, and the police do not know enough of the subject to take the matter up. The consequence is, that there is a state of utter neglect, even in small hamlets, where the means are so easy for providing for the health of the people. Stagnant water, open cess-pools, and other nuisances, are as common in the country as in towns, and were the inhabitants more closely packed, the houses would be even more unhealthy than in large towns. It is well-known, too, that epidemics in agricultural villages frequently prove extremely fatal, and diphtheria, scarlatina, and fevers make ravages in places which ought to be at the highest point of health.

I have only briefly pointed out what has occurred within my own sphere of observation, to which I could easily add numerous other facts. As medical men, it is for us to do our best to provide a remedy, and the one I propose would be neither expensive nor difficult of adoption. In the first place, I would begin by making a class of men, already existing, form the basis of the plan. These are the members of the county police force, who are generally intelligent, who would be easily instructed, and who would not be burdened by the additional work thrown upon them. They might give notice to a resident medical man of any nuisance, and he could report upon it to the parish authorities. This, itself, would not be adequate for the adoption of anything more than casual nuisances, which are now taken cognizance of by the "inspector of nuisances," at present appointed by many parishes. In addition, however, I would recommend the appointment of country sanitary

inspectors, having no local interest whatever, whose duty it would be to visit every place at certain periods, receive the reports of the medical and police officers, and especially consider the general question of provision for the escape of the sewage in small towns and villages. If necessary, the inspector could confer with the parish authorities, and if they refused or neglected to carry out his recommendations, power should be given by government to insist upon any improvement being carried out. In this way the management would still be in the hands of local persons, who are to a certain extent, at least, capable of attending to the wants of the district, but they require to be kept to their duty by the periodical visit of the government inspector.

This system answers well in various other departments, where usually the simple recommendation of the government functionary is sufficient to provide for the removal of an evil, or the improvement of any particular method. I am convinced that no plan without this surveillance will suffice to overcome the sluggishness and the local prejudices which exist in rural districts. I have no wish to see destroyed the independence of any parish, which is in some measure a little republic—but this old system of Anglo-Saxon self-government may be carried too far, and the evil has been seen, and, to some extent, provided against, by the appointment of county policemen in place of the old parish constable. No one, who has ever compared those two functionaries, can avoid seeing how much more effectual in the suppression of a disturbance, whether a mere drunken row or otherwise, is the policeman in uniform than the old parish constable, who was often called away from his daily work, to disperse a crowd, and to keep the peace.

It may be thought that the present system of appointing inspectors of nuisances in different parishes answers very well, but as such inspectors are local residents, the duties are often insufficiently performed. Since writing the above, a striking instance has occurred at a small village in Derbyshire, with which I am well acquainted, plainly showing the need of rural reform in sanitary matters. The village of Spinkhill is on such an elevated site that the spire of the Roman Catholic College there is a landmark for many miles round. The following account is from a Sheffield newspaper, and is too interesting to be omitted :—

TYPHOID FEVER AT SPINKHILL, NEAR ECKINGTON, DERBYSHIRE.

For a considerable time past the elevated hamlet of Spinkhill has been the scene of an outbreak of typhoid fever, in its most virulent and fatal form. As many as six persons in one house have been prostrate at one time, and scarcely a house in a row has escaped. Medical men have from time to time called the sanitary inspector's attention to the insufficient drainage of the place, and several of the landlords have at times altered, if not improved, their own portion of sewage, but only as far as their own property went, and

then left it. The disease increasing, the Vestrymen and the Board of Guardians sent their respective officers to inspect the place. They found the sanitary state of the place to be even worse than reported. There is not a well in the place but what is polluted with the drainings from ashpits, urinals, and pig-styes; and it is asserted on the authority of the Rev. E. B. Estcourt, rector, that the town pump, from which the chief supply of water for the inhabitants is drawn, is at times coloured with soap suds. More than once, when pigs have been slaughtered, the blood flowed down the sewers, and has been pumped out with the water to supply the town. Measures were taken to remedy this evil by the vestry a short time ago, but a number of the inhabitants fearing that only half remedial measures would be taken, sent a memorial to the Privy Council, giving a statement of the above facts. The Council acceded to the memorial, and sent down Dr. Thorne, the inspector, who yesterday examined all the wells and sewers in the place. A meeting of the rate payers, called by the Rev. E. B. Estcourt, chairman of the vestry, was held yesterday, at eleven o'clock. A number of influential ratepayers yesterday went to Spinkhill, where they met Drs. Thorne and Jones. After visiting the different infected places the party adjourned to the College, where a large room was set apart for their use, when Dr. Thorne made a statement of what he had seen, and said there was no water in the place fit to use. A number of questions were put, and an animated discussion was the result. The doctor said he had rarely seen soil so polluted. In one yard he found six pig styes, besides privies, with excavations in the ground to receive the soil. These were all close to the house doors, and only one house in the whole yard escaped the fever. The disease was wholly propagated by the effluvia arising from the nuisance. Mr. Jones, surgeon, states he had called the attention of the authorities to the state of the yard years ago.—Dr. Thorne had read of typhoid fever in Spinkhill several years ago.—Mr. Wells elicited from the doctor that they had power to compel all property owners to put sewers from their property into the main drains as soon as made.—The meeting concluded by informing the doctor that immediate steps should be taken to remedy the evil. Dr. Thorne took with him to London samples of the water from the different wells for analysis.

In concluding these few observations, I must express my belief that it is to a mixture of central and local authority, to which we must look for the best solution of bringing rural districts under the operation of those sanitary measures, which are doing so much for the great centres of population, where the governing powers have had the wisdom to adopt the recommendations of scientific medical officers of health.

Dr. YELD said that, at Sunderland, the Medical Society there had brought forward the question of a medical officer of health for that town. He thought this society might very properly discuss the question so as to have it carried out in Newcastle.

Mr. LEONARD ARMSTRONG wished for the appointment of a government inspector independent of local influence. Local men cannot and dare not act, for they are appointed by the very men who, themselves, are the greatest offenders against sanitary laws. In South Shields he had tried to make a move against the smoke and alkali vapours, but all the "big wigs" were manufacturers, and would not move against themselves.

Dr. DENHAM said all the worst offenders were magistrates and town councillors.

Dr. PHILIPSON advocated the appointment of a medical officer of health, responsible to a central authority, a minister of health and member of government—giving the medical officer of health power over the water supply and other matters, with the police, as officers under him ; to consider evidence brought before him, and report to the minister of health ; having also control over cottage building as regarded foundation, lighting and general comfort, so as to educate the labouring poor to habits of order and cleanliness.

Dr. EASTWOOD suggested that some member should prepare a paper, to be followed by discussion on the subject.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 44

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 6th DAY OF NOVEMBER, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		PUBLIC INSTITUTIONS.			TOTAL.						
	1	2	3	4	5	6	7	Infirmary.		Dispensary.						15	16	17	18	19	TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.			
								8	9	10	11	12	13	14	For the Week.						Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.			
DISEASES	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.	Newcastle.	Gateshead.	
Small-Pox.....	Small-Pox.....	...	...
Measles.....	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	...	3	...	...	...	...	4	...	...	6	...	6	1	...	...	...	...	...	...	20	...	...	...	...	...	...	...	...	Scarlet Fever.....	1	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	...	1	...	2	...	...	...	...	...	...	...	1	...	...	...	5	...	2	...	11	...	3	...	...	...	3	6	...	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	1	1	2	...	...	...	...	...	...	1	...	3	5	1	1	15	...	2	...	...	...	4	6	...	Diarrhoea.....	...	...
Dysentery.....	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	...	1	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	1	...	5	...	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	1	...	...	...	1	...	1	Continued Fever.....	1	...
Typhus.....	1	...	...	...	...	1	...	...	...	1	1	...	2	...	Typhus.....	...	...
Enteric or Typhoid...	2	...	2	...	Enteric or Typhoid...	...	1
Relapsing.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Relapsing.....	...	...
Febricula.....	9	...	1	...	...	...	...	...	...	...	...	1	2	...	...	...	13	...	...	4	...	1	5	...	...	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	1	...	1	...	...	...	...	1	...	...	4	...	...	...	...	1	1	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	...	4	2	...	1	2	4	1	1	1	2	2	2	2	...	1	6	4	2	37	...	...	5	...	8	13	...	...	Bronchitis and Catarrh..	...	...
Influenza	Influenza ..	...	...
Pleurisy and Pneumonia	...	1	...	2	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	6	...	...	...	...	...	...	...	...	Pleurisy and Pneumonia	...	...
Phthisis.....	...	1	1	1	...	...	...	2	...	1	...	...	...	3	...	2	2	...	...	13	2	...	1	...	2	5	...	...	Phthisis.....	1	1
Constitutional Syphilis.	1	...	...	...	...	...	2	...	...	6	1	1	11	...	...	...	...	...	...	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	2	5	7	6	5	4	...	25	2	5	1	6	1	16	1	27a	26	7	10	156	23	9	9	...	16	57	...	...	All other Diseases.....	7b	1
Accidents.....	5	38	...	...	...	...	...	...	...	...	...	...	43	...	...	13	...	...	13	...	...	Accidents.....	3	...
TOTAL.....	3	17	10	21	7	8	13	36	41	14	3	16	4	24	2	40	49	16	14	338	286	30	10	33	3	35	111	116	TOTAL.....	13	3

a, 1 An In-patient. b, 1 Heart Disease.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.
Mr. J. A. ANGLIS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Mr. N. HARDCASTLE.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 13th DAY OF NOVEMBER, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.							DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.			
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	TOTAL.					
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.						For the Week.	Corresponding Week last Year.				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24							
Small-Pox.....	Small-Pox.....	...	...
Measles.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	Measles.....	...	...
Scarlet Fever.....	2	...	...	...	3	...	...	...	...	...	...	...	5	...	3	...	...	...	...	3	...	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	...	2	...	1	...	...	...	...	1	...	1	...	1	...	8	...	...	...	14	...	...	...	...	...	...	...	...	Hooping Cough.....	...	...
Croup.....	Croup.....	...	...
Diarrhoea.....	...	1	...	...	1	...	...	...	2	...	1	...	1	...	8	2	...	...	16	...	1	...	...	...	...	1	...	Diarrhoea.....	...	...
Dysentery.....	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	Erysipelas.....	...	...
Continued Fever.....	1	...	...	...	...	1	...	Continued Fever.....	...	...
Typhus.....	2	...	...	1	...	3	...	1	...	...	2	...	3	...	Typhus.....	...	...
Enteric or Typhoid...	1a	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	2	...	...	5	...	...	...	...	...	...	...	...	...	1	...	...	...	1	9	...	1	...	...	...	...	1	...	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	4	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	1	3	3	3	...	1	2	...	...	3	3	5	3	2	...	1	4	2	1	37	10	...	2	...	14	26	...	Bronchitis and Catarrh..	...	...
Influenza	Influenza ..	...	...
Pleurisy and Pneumonia	1	2	1	4	2	2	...	1	...	Pleurisy aud Pneumonia	1	...	
Phthisis	1	1	...	1	1	...	2	4	...	1	3	2	1	17	...	1	2	...	1	4	...	3	...	Phthisis.....	3	...
Constitutional Syphilis..	4	1	1	1	...	2	9	1	...	Constitutional Syphilis..	1	...	
All other Diseases.....	8	4	3	10	4	5	...	20	4	7	5	9	3	18	...	20b	14	5	12	151	9	14	14	...	25	62	8	...	All other Diseases.....	8	...	
Accidents.....	3	25	1	...	...	...	...	...	...	...	...	29	...	...	17	...	...	17	...	...	Accidents .....	...	...
TOTAL.....	11	12	6	20	5	9	6	30	30	14	10	19	9	26	3	38	24	11	17	300	307	25	17	35	2	42	121	99	TOTAL.....	13	0	

a, Removed to Fever Hospital. b, 1 An In-patient.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.

6 Mr. W. A. L'ANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 46

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 20th DAY OF NOVEMBER, 1869.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.						
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.													TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle.	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	TOTAL.						
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.						For the Week.	Corresponding Week last Year.					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24								
Small-Pox.....	Small-Pox.....			
Measles.....	2	...	...	...	...	...	...	...	...	...	2	...	3	2	...	...	...	5	Measles.....	...	...		
Scarlet Fever.....	...	1	...	...	...	...	...	...	1	4	...	...	...	1	...	...	...	...	7	...	2	...	...	...	...	2	Scarlet Fever.....	...	...		
Diphtheria.....	Diphtheria.....	...	...		
Hooping Cough.....	...	1	...	5	...	...	...	...	1	...	1	1	2	...	2	...	...	...	13	...	2	...	...	...	...	2	Hooping Cough.....	...	...		
Croup.....	1	...	...	...	...	1	Croup.....	...	...		
Diarrhoea.....	1	...	...	6	...	1	...	...	...	3	4	2	...	17	...	4	...	1	...	...	5	Diarrhoea.....	1	...				
Dysentery.....	1	1	...	...	1	...	...	...	1	Dysentery.....	...	...		
Asiatic Cholera.....	Asiatic Cholera.....	...	...		
Erysipelas.....	1	1	...	...	...	...	...	...	...	Erysipelas.....	...	...		
Continued Fever.....	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	Continued Fever.....	...	...		
Typhus.....	1	...	...	...	...	...	...	...	...	1	...	...	...	3	...	...	...	...	5	...	1	...	...	...	...	1	Typhus.....	1	...
Enteric or Typhoid...	Enteric or Typhoid...	...	...		
Relapsing.....	Relapsing.....	...	...		
Febricula.....	1	4	1	...	6	...	1	...	3	...	2	6	Febricula..	...	...		
Ague.....	Ague.....	...	...		
Rheumatic Fever.....	...	1	...	2	1	1	...	...	...	...	...	...	...	...	...	1	...	...	6	...	...	1	...	...	...	1	Rheumatic Fever.....	...	...		
Puerperal Fever.....	Puerperal Fever.....	...	...		
Bronchitis and Catarrh.	1	3	...	2	...	1	3	1	...	2	6	2	...	8	...	5	8	2	2	46	...	6	...	8	...	12	26	Bronchitis and Catarrh..	...	1			
Influenza	1	1	...	2	...	...	...	...	...	...	...	Influenza ..	...	...		
Pleurisy and Pneumonia	3	...	1	1	...	...	...	...	...	...	...	...	1	...	...	6	...	...	...	...	...	...	...	Pleurisy aud Pneumonia	...	...		
Phthisis.....	2	1	...	3	...	1	...	1	...	8	1	1	...	18	...	2	1	4	...	2	9	Phthisis.....	1	1			
Constitutional Syphilis.	3	...	...	...	...	5	...	...	1	...	2	11	...	...	1	...	...	...	1	Constitutional Syphilis..	...	...		
All other Diseases.....	2	6	7	6	5	3	...	21	11	7	6	5	...	36	...	23a	12	9	7	166	...	14	11	22	...	25	72	All other Diseases.....	16	...			
Accidents.....	2	...	...	...	4	36	...	...	...	1	...	...	...	...	...	43	...	...	2	20	...	...	22	Accidents.....	...	...		
TOTAL.....	4	14	9	20	6	7	5	32	47	21	17	10	1	60	4	34	33	16	13	353	323	36	16	61	0	41	154	113	TOTAL.....	4	2		

a, 3 In-patients. b, 1 a child, convulsions.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Dr. T. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 47

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 27th DAY OF NOVEMBER, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		PUBLIC INSTITUTIONS.			TOTAL.						
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.				Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.	For the Week.	Corresponding Week last Year.		
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.						Out-Patients.	For the Week.										Corresponding Week last Year.	For the Week.	Corresponding Week last Year.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24			Newcastle.	Gateshead.		
Small-Pox.....	Small-Pox.....	...	...
Measles.....	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	...	Measles.....	...	...
Scarlet Fever.....	1	1	3	...	...	6	...	2	2	...	...	...	1	...	16	...	...	1	...	...	...	1	...	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	...	2	4	3	...	...	4	...	...	1	...	...	1	...	3	2	...	...	20	...	2	4	...	...	...	6	...	Hooping Cough.....	...	...
Croup.....	1	1	...	...	Croup.....	...	...
Diarrhoea.....	...	2	...	1	...	...	...	...	...	1	1	...	...	...	2	1	2	1	11	...	1	...	1	...	...	2	...	Diarrhoea.....	...	...
Dysentery.....	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	1	...	...	1	...	...	Continued Fever.....	...	...
Typhus.....	3	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	6	...	...	...	1	...	1	...	...	Typhus.....	1	...	
Enteric or Typhoid...	1	...	1	...	...	Enteric or Typhoid...	...	1	
Relapsing.....	Relapsing.....	...	...
Febricula.....	2	...	...	2	2	...	...	...	...	...	...	...	...	...	2	...	...	...	8	...	2	...	...	3	5	...	...	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	1	...	...	1	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh..	2	2	...	2	...	2	2	...	...	7	4	6	1	6	...	1	5	4	46	...	4	...	4	...	9	17	...	Bronchitis and Catarrh..	3	...
Influenza	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Influenza ..	...	...
Pleurisy and Pneumonia	2	...	...	1	...	...	1	...	2	...	...	...	2	...	...	8	...	...	...	...	...	...	...	...	Pleurisy and Pneumonia	...	...
Phthisis.....	...	1	...	1	1	1	...	...	1	...	1	3	...	5	...	...	1	1	16	...	2	1	2	...	2	7	...	Phthisis.....	...	...
Constitutional Syphilis.	1	...	...	...	2	...	...	...	1	...	1	...	...	2	...	7	...	...	...	...	...	...	...	...	Constitutional Syphilis..	1	...	
All other Diseases.....	5	6	10	6	1	1	...	26	6	12	...	7	1	25	...	24a	21	6	167	...	15	7	19	...	20	61	...	All other Diseases.....	116	...	
Accidents.....	1	...	...	...	...	9	26	3	...	...	...	1	...	...	...	...	40	...	...	1	...	...	12	...	...	Accidents.....	1	...	
TOTAL.....	9	15	18	19	5	7	13	38	33	32	6	21	4	39	2	32	31	16	14	354	319	25	16	38	2	35	116	91	TOTAL.....	17	1

^a, 1 An In-patient. ^b, 1 Heart Disease.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

Dr. T. C. NESHAM.	6 Mr. W. A. FANSON.	11 Mr. W. ANDERSON.	16 Mr. W. DODD.	21 Dr. G. DOUGLASS.
Mr. H. W. NEWTON.	7 Mr. JON. DALGLEISH.	12 Mr. C. CARR.	17 Mr. N. HARDCASTLE.	22 Dr. F. W. NEWCOMBE.
Mr. G. C. GILCHRIST.	8 Mr. S. PEACOCK.	13 Mr. J. G. BLACK.	18 Mr. N. HARDCASTLE.	23 Dr. R. F. COOK.
Mr. JOHN HAWTHORN.	9 Mr. S. PEACOCK.	14 Mr. H. E. ARMSTRONG.	19 Mr. N. HARDCASTLE.	24 Dr. R. F. COOK.
Mr. T. A. ANGLIS.	10 Mr. H. E. ARMSTRONG.	15 Mr. H. E. ARMSTRONG.	20 Dr. R. F. COOK.	

NORTHUMBERLAND & DURHAM MEDICAL SOCIETY.

THE Fourth Monthly Meeting was held January 13, 1870, Dr. BURNUP, Vice-President, and Dr. GIBSON, President, in the chair.

The following gentlemen were elected members of the Society :—

Mr. Arthur H. Walpole, Infirmary.

Dr. Andrew Aitchison, Wallsend.

Dr. Byrom Bramwell, North Shields.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

SEVENTH REPORT FOR 1869.

BY G. H. PHILIPSON, M.A., M.D.

THE returns for the five weeks, from November 28th, 1869, to January 1st, 1870, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns.

DISEASES.

The extent to which they prevailed in Union, Charitable, and Public Institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents; the seizures from the zymotic division of diseases; and the total number of

cases of typhus fever ; having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
December 4.....	366	87	54	15	8	1
December 11.....	383	113	70	14	8	4
December 18.....	350	125	48	33	9	6
December 25.....	275	88	36	22	7	3
January 1	281	69	56	10	18	0

The total of the new cases of disease and injury, in Newcastle, in the first two weeks of the time under consideration, continued to increase, as compared with the numbers for November, and afterwards declined. The weekly numbers have varied between 383 and 275. The average of the five weeks is 331, against 336, the average of the four weeks of November, and 306, the average of the corresponding period of 1868. In Gateshead, the weekly numbers have fluctuated considerably, the highest number being 125, and the lowest 69. The average of the five weeks is 96, against 125, the average of the four weeks of November, and 113, the average of the corresponding period of 1868.

The seizures from general diseases, dependent upon a morbid condition of the blood, in Newcastle, have slightly declined, and in Gateshead, have remained stationary. In Newcastle, the average of the five weeks is 53, against 59, the average of the four weeks of November, and 70, the average of the corresponding weeks of 1868. In Gateshead, the average of the five weeks is 19, against 19, the average of the four weeks of November, and 23, the average of the corresponding weeks of 1868.

Small pox has been unnoticed in Newcastle, once recorded in Gateshead.

During the year 1869, in Newcastle, 5 cases of small pox were reported, 1 fatal ; and in Gateshead, 3 cases, without a death.

Measles, in Newcastle, has continued very slightly in force, in Gateshead, has increased in prevalence. In Newcastle, 18 cases is the total for the five weeks ; and in Gateshead, 35.

During the year 1869, 174 cases of measles, 4 fatal, were noted in Newcastle ; and 62, 1 fatal, in Gateshead. In the first six months of the year, in Newcastle, 129 cases occurred, and in the last six months, 45 ; while in Gateshead, in the first six months,

no case was returned, and in the last six, 62, of which 35 occurred in December.

Scarlatina, in both towns, has diminished in prevalence. In Newcastle, 30 cases being the total for the five weeks, against 48 in November and 35 in October; and in Gateshead, 7, against 6 and 4.

During the year 1869, cases have been reported every week in Newcastle, 20 being the largest weekly number, and 3 the smallest. During the twelve months, 436 cases occurred in Newcastle, with 25 deaths, a per centage of 5·8; and in Gateshead, 119 cases, with 12 deaths, a per centage of 10·0.

Diphtheria, in both towns, has been unrecorded.

During the year 1869, in Newcastle, 3 cases of diphtheria were returned, not one fatal; and in Gateshead, not a single case.

Hooping cough has continued stationary. In Newcastle, 39 cases being the total for the five weeks; and in Gateshead, 18.

During the year 1869, in Newcastle, 342 cases of hooping cough were returned, with 13 deaths, a per centage of 3·8; and in Gateshead, 90 cases, 1 death, a per centage of 1·1. During the first twenty-seven weeks of the year, no case of hooping cough was returned in Gateshead.

Croup, in both towns, has been unrecorded.

During the year 1869, in Newcastle, 16 cases of croup were returned, 2 fatal, a per centage of 12·5; and in Gateshead, 4 cases, without a death. In the year 1868, of the cases recorded, the per centage of deaths was 9·6.

Diarrhoea and dysentery have been very little in force.

During the year 1869, in Newcastle, 708 cases of diarrhoea were returned, with 11 deaths, a per centage of 1·6; and 80 cases of dysentery, with 5 deaths, a per centage of 6·2. In Gateshead, 302 cases of diarrhoea were recorded, with 4 deaths, a per centage of 1·4; and 45 cases of dysentery, without a death.

Asiatic cholera has been unrecorded, in both towns, in every month of 1869.

Typhus fever, in both towns, has increased in prevalence. In Newcastle, the weekly numbers have been 8, 8, 9, 7, and 18, making a total of 50, against 15, the total for the four weeks of November, and 36 in the corresponding period of 1868. In Gateshead, the weekly numbers have been 1, 4, 6, 3, and 0, making a total of 14, against 7, the total for the four weeks of November, and 13, the total for the corresponding period of 1868. The total admissions into the Newcastle Fever Hospital, during the five weeks, amounted to 22, 21 typhus, and 1 enteric fever.

In December, 1868, the admissions from typhus were 15; in the same month of 1867, 36; in that of 1866, 24; and in that of 1865, 97.

Enteric fever, in both towns, has continued to be recorded. In Newcastle, in the five weeks, 7 cases ; and in Gateshead, 5.

During the year 1869, 81 cases of continued fever were returned in Newcastle, with 4 deaths, a per centage of 4·9 ; 246 cases of typhus fever, with 28 deaths, a per centage of 11·4 ; 66 cases of enteric fever, with 9 deaths, a per centage of 13·7 ; and 274 cases of febricula, without a death. In Gateshead, 42 cases of continued fever were returned, without a death ; 90 cases of typhus fever, with 5 deaths, a per centage of 5·6 ; 35 cases of enteric fever, with 13 deaths, a per centage of 37·2 ; and 223 cases of febricula, without a death.

Under bronchitis and kindred affections of the chest, the weekly numbers have varied, in Newcastle, between 61 and 38 ; and in Gateshead, between 19 and 14. In the corresponding period of 1868, the numbers were, respectively, in Newcastle, 53 and 27 ; and in Gateshead, 23 and 12.

Under phthisis, during the five weeks, 73 cases were returned, in Newcastle, against 64 in November, and 67 in the corresponding period of 1868 ; and in Gateshead, 20, against 25 in November, and 25 in the corresponding period of 1868.

DEATHS.

The total registered in Newcastle ; the registered number, as compared with the corrected average weekly numbers in the ten years 1851 to 1860 ; the number in public and private practice ; and the annual rate of mortality in Newcastle ; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table :—

Week ending Saturday.	NEWCASTLE.					GATESHEAD
	Regis- tered.	Registered Number com- pared with the corrected Ave- rage Weekly Number in Ten Years— 1851 to 1860.	In Public Practice.	In Private Practice.	Annual Rate of Mortality.	In Public Practice.
December 4..	65	4 under.	9	56	26	0
December 11.	74	5 over.	15	59	30	2
December 18.	66	3 under.	18	48	26	3
December 25.	57	12 under.	10	47	23	3
January 1....	62	7 under.	20	42	25	3

The total of the deaths registered, in Newcastle, has fluctuated between 74 and 57. The average of the five weeks is 65, against 69, the average of the four weeks of November, and 77, the average of the corresponding five weeks of 1868.

The registered number, as compared with the corrected average weekly number in the ten years 1851 to 1860, has varied from 5 over to 12 under. In the corresponding period of 1868, the registered number, in every week, was over the corrected average weekly number, and varied from 2 to 12.

The annual rate of mortality has varied from 30 to 23 per annum, to 1,000 persons living. The average of the five weeks is 26, against 28, the average of the four weeks of November, and 32, the average of the corresponding period of 1868.

The rate of mortality, during the thirteen weeks of the fourth quarter of the year 1869, has averaged 26·5, against 26·6, in the corresponding thirteen weeks of the year 1868, and 29·2, in 1867, and 36·7, in 1866.

From general diseases, dependent upon a morbid condition of the blood, during the five weeks, 12 deaths occurred in Newcastle, and 3 in Gateshead. In November, 5 deaths occurred in Newcastle, from the same division of diseases, and 2 in Gateshead. In the corresponding period of 1868, in Newcastle, 11, and in Gateshead, 4.

From typhus fever, during the five weeks, 2 deaths occurred in Newcastle, and 1 in Gateshead. In November, 2 deaths occurred from typhus in Newcastle, and not one in Gateshead. In the corresponding period of 1868, 3 deaths occurred from typhus in Newcastle, and not one in Gateshead.

From phthisis, during the five weeks, 6 deaths took place in Newcastle, against 5 in November, and 10 in the corresponding period of 1868; and 1 in Gateshead, against 2 in November, and 1 in the corresponding period of 1868.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table:—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
December 4	32·1°	34·2°	0·32
December 11	39·7°	39·2°	0·44
December 18	40·7°	44·7°	0·96
December 25	37·1°	38·2°	0·80
January 1	33·4°	34·2°	1·40

The weekly mean of the temperature of the air of Newcastle, has varied between 40·7° and 32·1°, the highest being 1·5° below the highest of the weekly means of the corresponding period of 1868, and the lowest 3·4° below the lowest, in the same five weeks of 1868. At Greenwich, the mean temperature has varied between 44·7° and 34·2°, which is from 4·5° above to 7·8° below, the average of the same period of the last 50 years (as determined by Mr. Glaisher).

The total rain-fall, at Newcastle, in December, amounted to 3·92 inches. In November, 3·51 inches fell.

The total rain-fall, at Newcastle, of the year 1869, amounted to 28·77 inches, being 3·10 inches more than the total rain-fall in the year 1868. In the first three months of the year 1869, the total rain-fall amounted to 4·99 inches ; in the second, to 7·07 inches ; in the third, to 6·16 inches ; and in the fourth, to 10·55 inches.

Hereto, the weekly tables of diseases and deaths are appended.

In concluding, Dr. PHILIPSON said the returns were again complete, and moved the following resolution, which was seconded by Dr. FRAIN, and carried :—

That the thanks of the Society be accorded to the Public Medical Practitioners of Newcastle and Gateshead, for their kindness in contributing their returns of “diseases” and “deaths,” whereon valuable “Reports on the Health and Meteorology of Newcastle and Gateshead” have been based.

Dr. WILTSHIRE (Government Inspector of Vaccination) said that in London they looked upon Dr. Philipson’s Reports as the best published in this country.

Mr. H. E. ARMSTRONG said, one case of relapsing fever was in the Fever Hospital, and was now in the third attack. The man came from Manchester, and had only been one day in Newcastle when admitted.

Dr. DENHAM said there had been two cases in South Shields Workhouse ; one an Irishman (last place of residence unknown), the other from Jarrow.

NOTE.—UPON THE FIFTH REPORT FOR 1869.

In the fifth report for 1869, it was remarked, that “the cases of typhus and enteric fever, at the Workhouse, during the two months, occurred in the female temporary hospital, the out-fall of the drainage of which is defective,” &c.

At a meeting of the Newcastle Board of Guardians (December 10th, 1869), attention was drawn to this report, and it was then stated that “reference to the books of the Union had been made, and it was found that the three cases of fever in the Workhouse did not occur in the temporary hospital for females.”—(*Newcastle Journal*, December 11th, 1869.)

The attention of the Workhouse Committee having been called to the statement made at the Board, the Chairman, on the 16th of December, 1869, in a letter to the Surgeon, expressed himself in the following terms :—“We know and believe your report to be true, that cases of fever arose in the female temporary hospital, and that the report you made was in all respects correct, with the exception of the erroneous word ‘defective,’ as applied to a wilfully stopped drain.”

This note has been appended to uphold the validity of these reports.

PATHOLOGICAL TRAY.

Dr. PHILIPSON presented the lungs taken from the woman upon whom Dr. Gibb had performed amputation at the hip joint, for medullary cancer of the femur, and whose case Dr. Gibb described at the December meeting of the Society.

The lungs were studded with distinct masses of cancer, of the encephaloid variety, the nodules in the right lung being about the size of a walnut, and in the left, of an orange. The liver, spleen, kidneys, uterus, and ovaries were all healthy. The stump was healed, and the woman appeared to have been progressing favourably up to twelve hours previous to her death, when a sudden and severe paroxysm of dyspnoea had occurred.

Dr. PHILIPSON observed that secondary cancer of the lungs was generally nodulated, as in the present instance. Also, that secondary

cancer of the lungs was generally consequent upon malignant disease of the osseous tissue or of the testicle.

The distinctive character of cancer, as seen under the microscope, was well displayed by a mounted slide, which was also accompanied by two wax casts of the lungs, prepared by Mr. Craster, of the Newcastle College of Medicine.

Dr. GIBB introduced a man upon whom the late Mr. Potter had performed resection of the left elbow joint, about fifteen years ago. The motions of the joint were free, and he was able to do all his work—that of a gardener—with perfect ease.

Dr. ARNISON presented a urinary calculus, three-quarters of an inch long, and half an inch in the short diameter, which a patient of his, in the Infirmary, had passed per urethram on the previous day. The case was considered a suitable one for lithotrity, but the operation was deferred on account of the unfavourable state of health of the patient, and on the day after that fixed for operation the stone was found at the urethral orifice.

FACTS AND FIGURES ON YELLOW FEVER IN DEMERARA, BRITISH GUIANA.

BY G. A. HUTTON, STAFF SURGEON.

1. The observations I have to make to this society this evening were collected whilst acting as a member of a commission, appointed by the Secretary of State for the Colonies, in conjunction with the Secretary of State for War and the Field-Marshal Commanding-in-Chief, to inquire into an outbreak of yellow fever in the garrison stationed in that colony in 1866.

2. PHYSICAL GEOGRAPHY.—British Guiana contains about 100,000 square miles; lies between 1 deg. and 8 deg. 40 min. north latitude, and between 57 and 61 deg. west longitude, with a sea coast of 200 miles in extent running in an oblique course from east to west. This line of coast is intersected at various distances by several large rivers, the Essequibo, the Demerara, the Berbice, and the Corentyn—which latter separates British from Dutch Guiana; besides these are many smaller ones. The course of these rivers is from south to north. They discharge into the Atlantic, and their muddy waters discolour the sea for many miles out of sight of land.

From the southern boundary, to within about 40 miles of the sea coast, the country is rocky, and in many parts mountainous. The whole of the seaboard of the colony is composed of alluvial deposit, made up of clay impregnated with salt, iron, and decayed vegetable matter, and resting on a granite bed at depths varying from 50 to 200 feet.

Cultivation is confined to a narrow strip on the coast and banks of the rivers, seldom or ever penetrating to a greater depth inland than three miles; beyond this is impenetrable wood and marsh.

The climate of the colony is remarkable for its uniformity of temperature and humidity.

The following table, extracted from meteorological observations extending over eleven years, shows the mean monthly temperature :—

MEAN MONTHLY TEMPERATURE.									
January	...	...	...	79·2	July	...	...	...	79·3
February	...	...	...	79·	August	...	...	...	79·
March	...	...	...	79·8	September	...	...	...	81·5
April	...	...	...	80·6	October	...	...	...	80·
May	...	...	...	80·7	November	...	...	...	80·3
June	...	...	...	79·8	December	...	...	...	79·

According to the above table, September is the hottest month, and February the coolest, the variation being but slight.

The average rainfall is about 96 inches.

The seaboard extends nearly due east and west, and has the advantage of being cooled and dried during the greater part of the year by the north-east trade winds.

There are two wet and two dry seasons during each year. The long dry season commences about the end of August, and continues to the end of November; the short dry season commences in the middle of February and terminates about the middle of April.

The most unhealthy months are July, August, and September, when fevers of an intermittent and remittent character, and bowel complaints, prevail. At this season, also, epidemics of yellow fever frequently occur among the sailors.

3. The following table shows the number of cases of yellow fever treated in the Colonial Seaman's Hospital for a period of seven years :—

YEARLY STATEMENT OF YELLOW FEVER CASES, ADMITTED, DISCHARGED,
AND DIED IN THE SEAMAN'S HOSPITAL, FROM MAY, 1861, TO DEC., 1867.

	Admitted.	Discharged.	Died.
1861	748	646	89
1862	168	134	37
1863	110	89	28
1864	591	447	134
1865	931	762	159
1866	694	505	157
1867	453	342	111

4. The cases in the Colonial hospital are attended to by the Surgeon-General of the Colony, and two resident surgeons. The following statement, made by the former official on the commission of inquiry, is very valuable in a practical point of view. Few persons in any country have had larger experience in this disease than the present intelligent Surgeon-General of British Guiana, Dr. E. A. Manget :—

5. “The very great majority of cases of yellow fever will present the symptoms now to be described. There are other concomitant symptoms, which are not, however, necessary to constitute a case of yellow fever ; they will be only mentioned.

“When a patient is admitted, the following external signs are observed :—Face red ; conjunctiva more or less injected, appearing sometimes to be inflamed ; languid and depressed countenance ; skin hot and dry, with a reddish colouration resembling a mild scarlatina eruption ; pulse full, and vibrating 100 to 120 ; tongue oftener clean than otherwise, red at the tip and around its edges, which are often indented ; the tongue seems swollen in its centre. This redness varies much in its intensity. In scarcely one out of any hundred cases which are to prove fatal will this peculiar aspect of the tongue be absent. The intensity of this redness, accompanied by dryness—especially if the fauces be also affected—leads to an unfavourable prognosis.

“The patient being questioned, the following information is obtained :—Severe headache, with throbbing pains in the eyeballs, darting from temple to temple ; sensation of prostration ; can hardly stand up ; pain in loins, extending often to the legs. Felt well a few hours ago ; was seized suddenly with the above mentioned symptoms—not unfrequently with rigors and nausea, or even vomiting. Came to hospital in a conveyance ; wants nothing but to lie down, and to be left alone.

“In such cases the patient gets a warm bath ; is well rubbed down and cleaned, and then placed in bed. If he can pass his urine it is at once tried ; if not, the catheter is used. Should the urine be albuminous, or even hazy, or if by its scantiness or its

colour it lead to the anticipation of albuminuria, the calomel and quinine treatment is strictly avoided. If the urine is such as to induce one to suppose there is as yet no congestion of the kidneys, the 'calomel and quinine plan' is adopted. Calomel and quinine, given in any other stage than the first one, is highly dangerous ; and I believe that a disregard of this, I may say, aphorism, has been the cause why, in other countries, this treatment has so often failed. In the Colonial Seaman's Hospital, the dose of calomel and quinine was, in 1866, modified ; 10 grains of the first substance, to 20 or oftener 30 of the latter being given. These remedies are always administered in wafer papers. Three hours after the dose, castor oil (two ounces) is given. After the action of the purgative, if the principal symptoms be not abated, the patient is cupped over the loins and placed in a dry air bath, the head—the only part of the body exposed—being kept continually wet by a drip of iced water. If the frontal headache be very severe, leeches are previously applied to the temples. Whilst in the hot air bath, the patient is freely supplied with iced water. The patient very often falls asleep in this position. After an hour, or longer if he will remain, he is taken out, well rubbed, and placed under dry blankets, the drip being persevered with. Diaphoretic medicine may be given to keep up the perspiration. Diuretics are also sometimes given, but the urine is examined every time it is passed, and if it present the slightest trace of albumen, or if it be diminished much in quantity—having due regard to the profuse perspiration which has been going on—these medicines are stopped. My reason for so doing is that any proceeding which would tend to stimulate and produce an increased action of the congested kidneys—and under these circumstances they are decidedly congested—must aggravate the morbid condition of those organs. If the headache persist, small blisters to the temples. The large blister to the nape of the neck, formerly used, is now abandoned. Dry cupping and dry air bath with drip every four hours, as long as the pains in the loins and heat of skin are still felt ; sickness of the stomach relieved by creosote mixture or hydrocyanic acid and soda. It is better, however, to avoid giving these remedies if possible, and trust to repeated applications of mustard to the pit of stomach, and giving pieces of ice to suck. Dry cupping over this region is often resorted to with benefit. Anything which is likely to irritate the stomach will prove injurious. Iced water *ad libitum* ; strong beef tea, iced milk, sago and arrowroot are allowed. No spirits or wine at this stage. The patient is never pressed to take food ; he seldom feels inclined for it.

“There is no empiricism in this plan of treatment ; it is perfectly rational. The fevers incidental to this colony are of a malarious nature ; every disease which rages here as an epidemic will be

influenced by the malarious condition of the locality where such disease exists. The poison of yellow fever is a specific poison, *sui generis*, not known. The symptoms which this poison will give rise to, the changes it will produce in the structure and functions of the different organs, must be and are modified by such an agent as malaria. In the different diseases caused by malarious poison, the principal organs are more or less congested during the paroxysm. Taking this as granted, calomel as acting on the liver and the other secretory glands, and quinine as an anti-periodic, are used. Castor oil to relieve the *primæ viæ*; dry cupping, to prevent or remove the congestion of the kidneys; dry air bath to promote perspiration, and thus eliminate the poison which contaminates the blood, and also to give rest to the kidneys by assuming some of its functions; the cold water to the head, leeches and blisters to the temples, lessen as much as possible the tension of the vessels and soothe the head symptoms. Add to these means the abstaining from anything which might produce nausea, keeping the patient quiet, in a cool room with a continuous change of air, and you have placed him (supposing he has been removed from the focus of the disease) in the most favourable condition for the "*vis medica-trix naturæ*" to act with much chance of success.

If this treatment is to prove successful, the heat of skin, the headache, the pains in the loins, gradually diminish, the depressed countenance gives way to a more cheerful physiognomy. The tongue and the eyes do not so soon regain their natural appearance.

Should the disease run its course, and pass to the second stage, the fever, although in many cases still persisting, is considerably lessened; the headache nearly gone; the skin, moderately warm, has lost much of its redness, and presents a slight yellow tinge. The conjunctivæ participate in this coloration. The tongue is very clean, preserving its fiery red tip and edges. Pains in the loins much abated. The urine is more or less albuminous, of a dark colour, containing bile, and decreased in quantity. Nausea not troublesome. The patient says he is much better, but cannot sleep, and craves for a sedative.

"This is the most convenient time to call attention to the danger of administering opiates, however mild they may be. They are totally inadmissible, especially at this or the next stage of yellow fever. A few medical men have, however, given small doses of morphia in the beginning of the first stage; it is a practice quite exceptional.

"At this stage the bowels are kept open by household injections. The excreta are of a dark colour, and not copious. Two actions of the bowels in the twenty-four hours are considered perfectly sufficient; diarrhœa is dreaded, and should it appear, every rational means are used to check it. It is not through the bowels,

and by remedies which are incessantly irritating a mucous membrane, already in a high state of morbid irritation, bordering on destruction, that the poison is to be eliminated. The most disastrous consequences have been observed after severe purgation.

“ In this second stage, no medicine, except a few grains of bicarbonate of soda from time to time to relieve the acid eructations. Dry cupping over the loins, and mustard plasters to the pit of the stomach, are persevered in, with iced milk, beef tea, rice pudding, and repeated small drinks of weak brandy and water. The vital powers must be kept up ; time must be gained ; and, therefore, if there be no vomiting, and if the patient be not reluctant, some *good* hock or champagne is offered. These wines are pleasant, and prove beneficial mixed with iced soda water. The patient is allowed to eat anything which is not likely to do him harm. The acid fruits are freely provided for him.

“ The greater number of cases which arrive at this stage recover, provided they have been removed to hospital in the first stage of the disease. There can be no doubt for any one who has had the opportunity of observing yellow fever in this colony, that the removal from the focus of the disease at the moment of the first feeling of illness, and the placing of the patient in good hygienic conditions, even without the employment of remedies, are the paramount means by which his recovery will be secured. Nursing, intelligent nursing, is now required.

“ Should the disease pass to the third stage, there is an increase in the severity of the symptoms of the second stage ; the skin and conjunctivæ deeper tinged of an orange colour. Tongue dark red, dry and shrivelled, sometimes nearly black ; urine scanty and albuminous, often altogether suppressed ; skin cold, covered with clammy perspiration. Nausea ; pain over epigastrium ; vomiting of a white viscous fluid, which, after a short time, shows small black specks, resembling coffee grounds. Hiccup. The true black vomit soon makes its appearance. Sordes around the teeth. The excreta of a dark yellow colour, and often resembling tar. Restlessness, with wandering. Pulse weak and frequent. Feeble capillary circulation. Nothing retained in the stomach. The patient soon becomes comatose, or, in the small minority of cases, dies after having had convulsions produced by uræmic poisoning.

“ Other symptoms occur during this third and last stage ; hæmorrhage from the nose, the gums, the anus ; bloody urine ; excoriations of scrotum ; furuncles, &c.

“ To speak of the origin of yellow fever would be more than useless. There has never been a theory regarding the origin of this fatal disease which has stood a careful investigation.

“ The calomel and quinine treatment is generally, it can be said altogether, adopted in this colony. Some practitioners do not

hesitate to prescribe two, and even three, doses of 20 and 24 grains in the first twenty four hours, followed by an aperient. Diaphoretics and diuretics, packing in wet sheets, and supporting the patient in the second and third stages. In 1866, a mixture as follows was given, with a marked good effect in the second stage, and once in cases in which black vomit had begun :—Infus. cuspariæ, 3 oz. ; liq. taraxac, 1 dr. ; acid nitro-muriat, 20 drops, every four or six hours.

“It is strange that this mixture was often retained by the stomach.

“There is no similarity between intermittent and yellow fever, neither has remittent fever any connection with typhus icterodes. The suddenness of the attack, the characteristic frontal headache, injected eyes, and prostration, with the peculiar appearance of the tongue, can leave no doubt to an intelligent observer that he has a case of yellow fever before him, especially when there are other cases in the colony. Any affection which tends to lower the system, whether acting on the mind or the body, will necessarily increase the predisposition to be infected, and will become an exciting cause.”

6. Such is a plain statement of the symptoms and treatment of yellow fever in British Guiana, by one who has practised in the colony for a great number of years, and who is also a man of large intelligence and powers of observation.

7. Another fact in connection with this disease is, that it is not confined to the white population. Dr. Manget stated in his evidence before the commission that “many Barbadian immigrants in the colony—*black men*—died of yellow fever. In the Colonial Hospital, in 1866, there were seventeen or eighteen deaths amongst them from pure yellow fever. They were opened, and on *post mortem* examination all the well marked signs of yellow fever were found to be present. Altogether there have been upwards of one hundred well marked cases of yellow fever amongst Barbadians.”

8. Dr. Skier, the Medical Inspector of Estates Hospitals for the Colony, also mentions, in a very clear and interesting report for 1868, which I received a short time ago, that “the high average of death-rate on the Aroabisce coast is, in a great degree, attributable to the fact that, in the year 1867, yellow fever prevailed more extensively on Estates than in any preceding year of which we have any record. It passed down from the Demarara river district, and Essiquebo Islands, to the Aroabisce coast ; and although few cases of death from yellow fever are recorded in the Aroabisce coast in the first quarter of 1868, all the medical practitioners there describe the fevers, generally of the *intermittent type*, of a very severe nature, often proving *fatal* (coma supervening) within a few hours.”

9. I may say, in explanation, that these cases relate to the Coolie immigrants in the colony—men of colour, who are brought from the East Indies by the Colonial Government, for the purpose of working on the various sugar estates in the colony.

Mr. HUTTON, at the conclusion of his paper, said he would be glad if the British Medical Association, at its forthcoming meeting in this town, would take up the subject of quarantine, which often caused great inconvenience, and in its results was often worse than what it was intended to prevent.

Dr. CHARLTON was glad to welcome an old student, and congratulated the Society on old students of the Newcastle School reading papers at its meetings. He thought it quite possible yellow fever might be imported into this country, owing to the rapid communication of the present day. He sympathised with Mr. Hutton's remarks on quarantine, having once been twenty-one days in quarantine himself.

In reply to queries and remarks by Dr. Gibson as to the connection between remittent and yellow fever, by Mr. Hardy and Mr. Stephens as to the toxic action of quinine, and by Dr. Wiltshire as to enlargement of the spleen and the colour of the blacks when attacked by yellow fever, Mr. HUTTON said that in Demerara they recognised no connection between remittent and yellow fever, the latter being a continued fever. He thought the heat and moisture of the climate affected the action of quinine, which could probably not be given in such doses in this country in cases of yellow fever. The spleen in yellow fever was very much enlarged. The last query he could not answer, never having seen a negro with yellow fever.

NOTES OF A CASE OF INTESTINAL OBSTRUCTION.

By G. H. PHILIPSON, M.A., M.D., CANTAB.; M.R.C.P. LOND.

INTESTINAL obstruction, especially when suddenly established, is a condition fraught with the utmost difficulty and solicitude. Difficulty, in that the causes capable of its production are various and widely different, requiring careful discrimination for their elucidation. Solicitude, from the hazard, the urgency of the symptoms, and the necessity for the institution of prompt and decided measures, for the relief of the patient.

The following are the particulars of a case of intestinal obstruction which was under my care in the Newcastle Infirmary, and for

the notes of which I am indebted to my clinical clerk (Mr. W. L. Emmerson):—

Andreas Andresen, aged 41, a Danish sea captain, was admitted as an in-patient into the Newcastle Infirmary, at four p.m. on October 25th, 1869. Five days before admission, was attacked with pain in the left side of the abdomen, accompanied with a sudden feeling of fulness.

Has twice suffered in a similar manner, the last time about two years ago, when the attack passed away in two hours. Bowels have not been moved for nine days, and for a week before that time very scantily. Took an emetic, under medical advice, two days before admission, and vomited freely four times. During the week previous to admission, took various purgatives, and had seventeen injections administered, but without any result.

The symptoms being urgent, in the evening I was summoned, and visited him at 8 p.m. He was then very restless and apprehensive as to his state. He complained of a sharp pain in the left hypochondrium, and a feeling of general fulness of the abdomen. The pulse was 75, soft and regular. The skin was cool and perspiring. The tongue was moist and slightly furred. The breath was very offensive. The abdomen was uniformly distended, tympanitic upon percussion. Firm pressure with the hand over the abdomen appeared to relieve rather than to increase the pain. No tumour was discovered, no hernia. The rectum was free from stricture, tumour, or bloody mucus. Had voided urine shortly after admission,

During the voyage had suffered great privation, having been delayed by the severity of the weather for more than two weeks, during which time the crew had subsisted upon flour mixed with water.

Taking into consideration, the absence of tumour, of hernia, of stricture of the rectum, of bloody mucus from the rectum, the ease with which pressure upon and manipulation of the abdomen was borne, the absence of symptoms or signs of inflammation or vital depression, and above all, the character of his aliment, the case was regarded as one of intestinal obstruction, due to hardened and impacted fæcal accumulation, accompanied by muscular spasm, and not one of permanent mechanical obstruction.

He was ordered to take, at once, ℥ss of castor oil, and an hour afterwards to be placed in a warm bath, and while there for the water of the bath to be injected through the long rectum tube.

The castor oil was vomited shortly after its administration. The water of the bath was freely injected, but was productive of no result.

26.—No action from the bowels. Has passed a very restless night, tossing about in the bed, and at times shouting out from the

severity of the abdominal pain. Pulse 75, regular, easily compressed. Bears firm pressure over the bowels. Other symptoms unchanged.

Continuing to take the same view of the case, the following draught was ordered to be given every three hours :—

R. Magnes : Sulphat : gr. lx. Acid : Sulphuric : Dil : ℥x. Liq : Atropiæ Sulph : ℥v. (Ph : B.) Tinct : Aurant : ʒi Aquæ ad ʒi ft. Haustus.

After the first dose, became easier. After the second, passed flatus per rectum. At this time the pupils had become dilated. At 9, p.m., having taken the third dose of the atropia draught, was placed in the warm bath, the water being afterwards injected through the long tube. While in the bath, passed a small lump of hard dark fæces.

27.—At 1, a.m., passed a liquid motion. At the visit, complained greatly of dryness of the throat, difficulty in swallowing, dimness in vision, and frequent desire to micturate. The tongue was dry at the tip and edges, the pupils were widely dilated and the conjunctivæ slightly injected. The pulse was 72 and regular. The pain in the left side was much diminished, and the feeling of abdominal fulness had passed away.

The atropia was ordered to be continued every six hours.

Towards evening, he became slightly delirious, muttering and throwing his arms and legs violently about. Later, he fell into a calm and quiet sleep.

28.—Quite conscious and coherent. During the night passed flatus twice, but no motion. The liquor atropiæ was diminished to ℥iii.

29.—During the night, passed a copious motion, lumpy, dark coloured, almost black, and very offensive,

30.—Bowels freely moved during the night, and again at noon.

November 1.—Bowels again moved. Evacuation pultaceous and bilious. The atropia was discontinued, and a tonic draught was substituted.

6.—Bowels have acted once or twice each day. Was permitted to leave the Hospital, intending to proceed to Hamburgh by steam boat, on the 7th.

This case has been recounted, with the object of directing attention to the treatment employed—viz., the administration of atropia, in the manner advocated by Dr. Alex. Fleming, of Birmingham.

Dr. Fleming has expressed his belief that the effect of atropia in promoting the action of the bowels is brought about by the increased peristaltic action. This increased action being the result either of direct stimulation of the muscular coat; or, in consequence of the checking of the mucous secretion, more prompt and vigorous contractile action is provoked by the contents of the intestinal canal

causing increased irritation of the mucous surface ; or, from constriction of the smaller arteries, the supply of blood to the bowel is lessened, whereby the passive congestion is relieved, and healthy action promoted.

Of these three modes of explanation, the third, that of constriction of the smaller arteries, is that which appears the most probable.

Accepting this view of the mode of action of atropia, on the intestinal canal, its advantages over the ordinary irritant purgatives, in the treatment of intestinal obstruction, from hardened and impacted faecal accumulation, will be readily recognised. The ordinary irritant purgatives provoke increased secretion and peristaltic action of the canal above the obstruction, which may succeed in propelling the accumulation forward, but should this not be accomplished, inverted action and vomiting occur, which may excite inflammation or sudden and fatal exhaustion.

Atropia, in its operation, is also distinguished from ordinary purgatives by another circumstance. Its action is not followed by reaction, its relaxing power is not succeeded by a disposition to constipation; on the contrary, the improved action of the bowels, comparatively speaking, is sustained.

Dr. WILTSHIRE said this was a case of atony, the obstruction being caused by want of power to expel the contents of the bowels. In such a case purgatives were of no use. Nothing would succeed until the patient was put under the influence of opium or belladonna. At the Pathological Society in London, two years ago, he had seen a yard of intestine which had been passed by a young lady who had been kept under the influence of opium till adhesions formed, and the invaginated portion sloughed away.

Dr. CHARLTON said one of the first papers he read at this Society was a protest against the then usual plan of trying to "force a passage" by purgatives, He at that time recommended opium.

Dr. EMBLETON supported the plan of treatment by opiates, but mentioned a case in which the patient had been kept under the influence of opium for five days, and afterwards had a free evacuation, after which he sank rapidly. Dr. Embleton thought that by the action of the bowels the adhesions of the volvulus had been broken up, and rupture taken place into the peritoneum. He also referred to the use of belladonna in habitual constipation.

In reply to Dr. Gibson, Dr. PHILIPSON said large numbers of injections, without avail, led him to desist.

NEW CASES OF DISEASE COMING UNDER

DISEASES	POOR LAW DISTRICTS.							Infirmary.		
	St. Andrew's. 1	Jesmond, Heaton, and Byker. 2	All Saints. 3	St. Nicholas'. 4	Elswick and Benwell. 5	Westgate. 6	Fenham and St. Andrew's. 7	In-Patients. 8	Out-Patients. 9	Central.
										10
Small-Pox
Measles.	2
Scarlet Fever	1	...	...	6
Diphtheria
Whooping Cough
Croup
Diarrhœa
Dysentery.	1	...	...	1	...	...	...	...
Asiatic Cholera
Erysipelas	1	1	...	...	1
Continued Fever.....	1	...	...	...	...	...
Typhus.....	1	1	...	...	...	...	...	...
Enteric or Typhoid...	2	...	...	...	...
Relapsing
Febricula	3	...	1	3	...	...	...
Ague.....
Rheumatic Fever.....	1	...	1	...	...	1
Puerperal Fever.....
Bronchitis and Catarrh.	1	2	...	4	...	1	4	...	...	8
Influenza
Pleurisy and Pneumonia	...	1	...	3	...	1	2	...	...	...
Phthisis	2	1	...	...	...	...	...	...	...
Constitutional Syphilis.	1	...	...	...	5	...	1
All other Diseases	4	5	4	12	5	...	4	19	7	4
Accidents	9	28	...

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 11th DAY OF DECEMBER, 1869.

DISEASES.	NEWCASTLE.																				GATESHEAD.						DEATHS.							
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.				TOTAL.					
	1	2	3	4	5	6	7	Infirmary.		Dispensary.						15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.					
								8	9	10	11	12	13	14	Out-Patients.						Fever Hospital.	Children's Hospital.								Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.
St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.	Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.							
Small-Pox.....				
Measles.....	1	1	..	..	..	..	1	..	..	4	..	3	..	..	..	..	..	..	..	10	..	1	..	..	..	..	1	..	..	..	
Scarlet Fever.....	2	..	..	..	..	..	2	2	1	..	..	1	..	..	..	..	8	..	3	..	..	..	..	3	..	2	..			
Diphtheria.....				
Hooping Cough.....	..	1	4	2	..	2	..	..	..	1	..	1	..	3	..	2	..	..	..	16	..	3	..	..	..	1	4	..	..	..	
Croup.....				
Diarrhoea.....	3	..	..	..	..	3	2	..	..	8	..	..	1	..	..	..	1	..	..	..	..
Dysentery.....	3	..	1	4	..	..	..	..	..	..	..	..	..	..	..
Asiatic Cholera.....				
Erysipelas.....	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Continued Fever.....	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..
Typhus.....	3a	1	..	..	..	..	..	..	2	..	..	..	1	..	..	1	8	..	3	1	..	..	..	4	..	..	..	..
Enteric or Typhoid...	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Relapsing.....				
Febricula.....	3	..	2	..	..	..	..	..	..	..	..	2	5	..	..	12	..	1	..	..	..	..	1	..	..	..	..
Ague.....				
Rheumatic Fever.....	1	..	..	2	..	..	..	..	2	1	..	..	..	..	..	6	..	..	1	..	..	..	1	..	..	..	..
Puerperal Fever.....				
Bronchitis and Catarrh.	1	2	4	..	2	3	4	1	..	6	3	3	..	7	..	2	6	1	2	47	..	7	2	2	..	7	18	5	1	..				
Influenza.....	..	2	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..
Pleurisy and Pneumonia	2	..	1	1	1	..	2	2	..	..	..	1	..	..	..	10	..	1	..	..	..	..	1	1	1	..	..		
Phthisis.....	1	..	..	1	..	3	1	1	..	1	..	2	..	..	1	1	1	13	..	1	1	..	..	2	2	..	..	..	
Constitutional Syphilis.	2	..	2	..	..	..	2	..	2	3	..	..	11	..	1	..	1	..	2	1	..	..	..	
All other Diseases.....	3	3	7	8	1	8	..	26	8	8	5	5	5	40	..	25b	15	7	6	180	..	17	6	25	..	14	62	4c	..	..		
Accidents.....	1	..	..	3	34	..	..	..	..	1	..	..	3	..	..	42	..	..	2	11	..	..	13	..	..	..	
TOTAL.....	5	11	19	20	4	17	9	36	43	30	14	16	6	56	1	38	38	10	10	383	357	32	17	42	0	22	113	121	15	2				

a, All removed to Newcastle Fever Hospital. b, 1 An In-patient. c, 1 Abortion and Peritonitis; 1 Strangulated Hernia.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. C. GILCHRIST.
Mr. JOHN HAWTHORN.
Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
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- 16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
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19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No 50

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 18th DAY OF DECEMBER, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.								
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.						
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.						
								8	9	10	11	12	13	14															Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	
DISEASES	Newcastle.	Gateshead.																																
Small-Pox.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Small-Pox.....	...	...		
Measles.....	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	2	2	...	6	6	16	...	...	Measles.....	...	...	
Scarlet Fever.....	...	...	...	...	...	...	2	...	...	2	1	3	...	...	...	1	...	...	9	...	...	...	2	..	...	2	...	...	Scarlet Fever.....	...	...	
Diphtheria.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Diphtheria.....	...	...
Hooping Cough.....	4	1	...	1	4	10	...	2	1	1	4	1	...	Hooping Cough.....	1	...	
Croup.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhœa.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	4	...	...	...	...	...	...	...	...	...	...	Diarrhœa.....	...	...
Dysentery.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	1	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Asiatic Cholera.....	...	...
Erysipelas.....	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	...	1	1	1	...	Continued Fever.....	1	...	
Typhus.....	1	1	2	3	...	1	...	1	9	...	1	1	4	...	6	1	1	Typhus.....	1	1	
Enteric or Typhoid...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	Enteric or Typhoid...	...	...
Relapsing.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Relapsing.....	...	...
Febricula.....	2	...	...	3	...	1	...	...	...	2	...	...	1	...	...	...	2	...	11	...	...	1	2	...	...	3	...	...	...	Febricula..	...	...
Ague.....	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	Ague.....	...	...
Rheumatic Fever.....	...	1	...	...	...	...	1	...	...	3	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	4	1	2	2	3	3	1	...	6	1	5	...	9	...	2	3	3	2	48	...	8	1	2	...	5	16	...	1	1	Bronchitis and Catarrh..	1	1	
Influenza.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	...	1	1	1	1	1	5	2	2	3	...	Pleurisy aud Pneumonia	3	...	
Phthisis.....	1	2	...	3	1	11	2	1	...	21	...	2	2	4	...	2	10	...	1	...	Phthisis.....	1	...	
Constitutional Syphilis.	...	...	...	...	...	...	...	2	...	...	...	1	...	1	...	1	2	...	3	10	...	...	...	...	...	...	...	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	1	8	8	7	2	5	...	18	5	12	1	7	1	27	...	25a	11	7	10	155	...	21	9	21	...	10	61	...	7b	1	All other Diseases.....	7b	1	
Accidents.....	1	...	1	8	42	1	...	53	1	2	3	3	...	Accidents.....	3	...
TOTAL.....	6	16	12	17	5	10	8	32	47	29	5	18	3	48	4	36	26	12	16	350	326	35	22	34	10	24	125	113			TOTAL.....	18	3	

a, 2 In-patients. b, 1 Old Age; 1 General Dropsy.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. O. GILCHRIST.
Mr. JOHN HAWTHORN.
Mr. J. A. ANGUS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
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19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 51]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 25th DAY OF DECEMBER, 1869.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle.	Gateshead.
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						Fever Hospital.	Children's Hospital.											Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.			
Small-Pox.....	Small-Pox.....
Measles.....	1	1	...	3	1	1	5	...	Measles.....
Scarlet Fever.....	1	1	...	1	...	1	2	...	Scarlet Fever.....
Diphtheria.....	Diphtheria.....
Hooping Cough.....	2	...	1	1	4	...	1	3	4	...	Hooping Cough.....	1	...
Croup.....	Croup.....
Diarrhoea.....	...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	2	1	2	...	9	...	...	...	...	1	1	...	Diarrhoea.....	...	...
Dysentery.....	1	1	Dysentery.....
Asiatic Cholera.....	Asiatic Cholera.....
Erysipelas.....	1	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	1	...	...	1	...	Erysipelas.....	1	...	
Continued Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	Continued Fever.....	...	...
Typhus.....	...	1	...	2	...	...	...	...	...	...	...	...	...	...	3	...	1	...	...	7	...	2	1	...	...	...	3	Typhus.....	...	...
Enteric or Typhoid...	1	...	...	...	...	...	...	...	1	...	1	...	...	1	...	2	Enteric or Typhoid....	1	1	
Relapsing.....	Relapsing.....	...	...
Febricula.....	2	...	...	...	...	...	1	...	1	1	...	...	1	3	...	...	9	...	...	1	3	...	...	4	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	...	1	...	...	...	...	2	...	...	...	...	1	...	...	...	...	1	...	...	5	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	3	7	...	...	1	2	...	...	7	5	3	...	4	...	2	1	1	...	36	...	4	..	4	...	6	14	Bronchitis and Catarrh..	...	1
Influenza.....	1	...	...	1	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	Pleurisy aud Pneumonia	...	1	
Phthisis.....	...	1	...	...	...	...	...	1	...	1	1	...	...	3	...	1	1	...	...	9	...	...	1	...	...	1	2	Phthisis.....	...	...
Constitutional Syphilis.	1	1	2	...	1	...	...	...	...	2	1	1	9	...	...	...	...	...	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	2	6	6	6	4	10	...	14	6	5	5	3	1	24	...	13	13	6	9	133	...	15	6	11	...	14	46	All other Diseases.....	7a	...	
Accidents.....	7	38	...	...	...	...	...	...	...	...	...	...	45	...	...	3	...	...	...	3	Accidents.....	...	...
TOTAL.....	2	14	14	10	4	13	6	23	45	18	14	10	3	31	3	20	24	10	11	275	286	27	14	19	2	26	88	104	TOTAL.....	10	3

a, 1 From Tetanus, caused by splk of wood in knee.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

Dr. T. C. NESHAM.
Mr. H. W. NEWTON.
Mr. G. O. GILCHRIST.
Mr. JOHN HAWTHORN.
Mr. J. A. ANGUS.

6 Mr. W. A. PANSON.
7 Mr. JON. DALGLEISH.
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20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 52

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 1st DAY OF JANUARY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle.	Gateshead.
	1	2	3	4	5	6	7	Infirmary.		Dispensary.					15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.			
								8	9	10	11	12	13	14						For the Week.	Corresponding Week last Year.										
Small-Pox.....	Small-Pox.....	...	...
Measles.....	4	...	...	...	...	...	...	...	...	...	4	...	2	...	1	1	4	...	...	Measles.....	...	...
Scarlet Fever.....	...	1	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Whooping Cough.....	2	...	...	...	...	...	...	...	2	...	3	...	7	...	2	...	...	...	...	2	...	...	Whooping Cough.....	1	1
Croup.....	Croup.....	...	...
Diarrhoea.....	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	2	5	...	...	...	...	...	...	...	...	...	Diarrhoea.....	...	...
Dysentery.....	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	1	...	1	...	...	...	Continued Fever.....	...	...
Typhus.....	...	3	1	4	...	...	1	...	...	...	...	...	...	...	8	...	1	...	18	...	...	...	...	...	...	...	...	...	Typhus.....	1	...
Enteric or Typhoid...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	1	...	...	...	Enteric or Typhoid...	1	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	6	...	1	3	...	...	2	...	...	...	...	...	2	...	...	14	...	2	...	...	...	2	...	...	...	Febricula.....	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	4	1	1	4	2	...	3	4	1	2	5	...	1	3	4	4	40	6	...	2	...	4	12	...	...	Bronchitis and Catarrh.	3	1
Influenza.....	2	...	2	...	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	...	2	...	...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	5	...	2	...	...	...	...	2	...	...	Pleurisy and Pneumonia	3	...
Phthisis.....	1	...	1	4	3	...	...	2	1	1	...	...	...	1	...	2	16	...	...	...	...	1	1	...	...	Phthisis.....	3	1
Constitutional Syphilis.	2	...	...	...	...	1	...	1	1	1	...	6	...	...	1	...	1	2	...	...	...	Constitutional Syphilis.	...	...
All other Diseases.....	2	3	3	8	4	6	...	12	3	4	5	5	2	15	...	16a	12	7	9	116	13	5	10	...	8	36	...	...	All other Diseases.....	7	...
Accidents.....	7	30	...	...	...	...	...	...	...	1	...	38	...	...	6	...	...	6	...	...	...	Accidents.....	1	...
TOTAL.....	2	12	5	24	6	9	18	26	33	15	11	7	6	22	8	21	22	17	17	281	281	23	10	19	2	15	69	119	TOTAL.....	20	3

a, 3 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1. T. C. NESHAM.

2. H. W. NEWTON.

3. G. C. GILCHRIST.

4. JOHN HAWTHORN.

5. J. A. ANGUS.

6 Mr. W. A. TANSON.

7 Mr. JON. DALGLEISH.

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20 Dr. G. DOUGLASS.

21 Dr. F. W. NEWCOMBE.

22 Dr. R. F. COOK.

23 Dr. R. F. COOK.

24 Dr. R. F. COOK.

NORTHUMBERLAND & DURHAM MEDICAL SOCIETY.

THE Fifth Monthly Meeting was held February 10, 1870, Dr. BURNUP, Vice-President, in the absence of the President, in the chair.

The CHAIRMAN regretted to inform the members that the President was confined to the house by severe illness, and moved that the Secretary be requested to convey to him the assurance of the sympathy of the Society.

The motion was carried by acclamation.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

FIRST REPORT FOR 1870.

By G. H. PHILIPSON, M.A., M.D.

THE returns for the four weeks, from January 2nd to January 29th, 1870, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns.

DISEASES.

The extent to which they prevailed in Union, Charitable, and Public Institutions, is shown in the following table. The new cases of disease and injuries occasioned by accidents; the seizures from the zymotic division of diseases; and the total number of

cases of typhus fever ; having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
January 8.....	350	101	66	27	17	8
January 15	376	108	85	15	14	1
January 22	394	113	73	15	13	3
January 29.....	356	111	57	18	11	0

The total of the new cases of disease and injury, during the time under consideration, has been much upon a par with the total of the corresponding weeks of the years 1869 and 1868. In Newcastle, the weekly numbers have varied between 394 and 350. The average of the four weeks is 369, against 331, the average of December, 1869, and 414, the average of the corresponding four weeks of 1869. In Gateshead, the weekly numbers have varied between 113 and 101. The average of the four weeks is 108, against 96, the average of December, 1869, and 112, the average of the corresponding four weeks of 1869.

The seizures from general diseases, dependent upon a morbid condition of the blood, in both towns, exhibit almost an equality with the numbers for the corresponding weeks of the two preceding years. The weekly numbers, in Newcastle, have varied between 85 and 57, and in Gateshead, between 27 and 15. In Newcastle, the average of the four weeks is 70, against 53, the average of December, 1869, and 65, the average of the corresponding period of 1869. In Gateshead, the average is 19, against 19, the average of December, 1869, and 18, the average of the corresponding period of 1869,

Small-pox has been once recorded in Newcastle.

Measles, in both towns, has continued very slightly in force. In Newcastle, the total for the four weeks is 10, and in Gateshead 14.

Scarlet fever, in both towns, has remained stationary. In Newcastle, during the four weeks, 26 cases have been returned, against 24, the corrected number for four weeks of December, 1869 ; and in Gateshead, 7, against 6.

Diphtheria, in both towns, has been unrecorded.

In the returns of the Registrar-General, 1 death from diphtheria in Newcastle is recorded in each of the weeks ending January 8th

and 22nd. As no cases of diphtheria have been returned in the public practice of Newcastle, it may be presumed that these deaths occurred in the private practice.

Hooping cough, in Newcastle, has slightly increased in prevalence, and in Gateshead has remained stationary. In Newcastle, during the four weeks, 63 cases have been returned, against 31, the corrected number for four weeks of December, 1869.

Croup has been thus recorded. In Newcastle, 3 cases, 1 fatal; and in Gateshead, 3 cases, recovery in all.

Diarrhoea and dysentery, in both towns, have been little in force.

Asiatic cholera has been unrecorded.

Typhus fever, in both towns, has continued upon the increase. In Newcastle, the weekly numbers have been 26, 20, 15, and 17, making a total of 78, but as 23 of these cases have been stated to have been sent to the Newcastle Fever Hospital, and thus appear in two returns, 55 is the more correct total, which is 15 above the corrected number for four weeks of December, 1869, and 32 above the number for the corresponding period of 1869. In Gateshead, the weekly numbers have been 8, 1, 3, and 0, making a total of 12, against 11 in four weeks of December, 1869, and 1 in the corresponding period of 1869. The total admissions into the Newcastle Fever Hospital amounted to 38—33 typhus, 4 enteric fever, and 1 phthisis. In the corresponding period of 1869, the admissions from typhus fever were 9; in 1868, 49; in 1867, 22; and in 1866, 53.

Enteric fever has continued to be recorded. In Newcastle, during the four weeks, 8 cases, and in Gateshead 4.

Under bronchitis and kindred affections of the chest, the weekly numbers have varied, in Newcastle, between 57 and 48; and in Gateshead, between 27 and 17. In the corresponding period of 1869, the highest weekly number, in Newcastle, was 69, and in 1868, 65; and in Gateshead, in 1869, 29, and in 1868, 23.

Under phthisis, during the four weeks, in Newcastle, 74 cases have been returned, against 96 in the corresponding period of 1869, and 66 in 1868; and in Gateshead 21, against 28 in 1869, and 34 in 1868.

DEATHS.

The annual rate of mortality in Newcastle; the total registered, from all causes, in Newcastle; the number under one year of age and sixty years of age, and upwards; the number in public and private practice, from all causes and from zymotic diseases; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table:—

Week ending Saturday.	NEWCASTLE.								GATESHEAD
	Annual rate of Mortality.	Registered from all causes.	Under One Year of age.	Sixty Years of age and upwards.	In Public Practice.		In Private Practice.		In Public Practice.
					From all Causes.	From Zymotic Diseases.	From all Causes.	From Zymotic Diseases.	
January 8.....	33	84	17	43	15	3	69	17	2
January 15.....	28	72	18	13	17	2	55	6	3
January 22.....	23	59	21	10	14	4	45	6	0
January 29.....	28	71	15	11	16	8	55	6	4

The annual rate of mortality, in Newcastle, has varied from 33 to 23 per annum, to 1,000 persons living. The average of the four weeks is 28, against 27, the average of the four weeks in London, and 24 in Sunderland. In the corresponding weeks of the four years 1866 to 1869, the averages, in Newcastle, were 34, 42, 27, and 30.

The total of the deaths registered, from all causes, in Newcastle, has fluctuated between 84 and 59. The average of the four weeks is 71, against 64, the average of the preceding four weeks, and 75, the average of the corresponding period of 1869, and 69, that of 1868. Of the 286 individuals who died during the four weeks, 71 were under one year of age, and 77 were sixty years of age and upwards, together 148; leaving 138 for the years of age intermediate.

From general diseases, dependent upon a morbid condition of the blood, during the four weeks, 17 deaths occurred in the public practice of Newcastle, and 35 in the private; and 3 in the public practice of Gateshead. In the corresponding period of 1869, 9 deaths occurred in the public practice of Newcastle from this class of diseases.

From scarlet fever, during the four weeks, 11 deaths occurred in Newcastle, all in the private practice.

From fever, during the four weeks, 8 deaths occurred in the public practice of Newcastle and 11 in the private; and 2 in the public practice of Gateshead.

From phthisis, during the four weeks, 4 deaths took place in the public practice of Newcastle, against 6 in December, 1869, and 11 in the corresponding period of 1869, and 5 in that of 1868; and in Gateshead, 1, against 1 in December, 1869.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philo-

sophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table:—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
January 8	40·6°	45·2°	1·14
January 15	35·2°	39·3°	0·20
January 22	35·2°	36·1°	0·09
January 29	29·5°	31·6°	0·00

The weekly mean of the temperature of the air of Newcastle has varied from 40·6° to 29·5°, a difference of 11·1°, the highest being 0·1° below the highest of the weekly means of the corresponding weeks of 1869, and the lowest 8·2° below the lowest, in the same four weeks of 1869. At Greenwich, the mean temperature of the air has varied from 45·2° to 31·6°, a difference of 13·6°, which is from 8·9° above to 0·8° below the average of the same period of the last 50 years (as determined by Mr. Glaisher.)

The total rain-fall, at Newcastle, in the four weeks, amounted to 1·43 inches. In the corresponding weeks of 1869, 1·31 inches fell, and in those of 1868, 2·34 inches.

Hereto, the weekly tables of diseases and deaths are appended.

Dr. CHARLTON had of late seen several cases of typhus, apparently of a more deadly and more contagious character than usual, most of them rapidly fatal. Dr. Taylor, of Whickham, was one of those cases. He had been called to a woman in a dying condition, and was compelled to assist two other women in moving her. They all three took fever, and two out of the three died, besides the first patient. One character of this form of typhus was the abundance of the eruption; even the face, hands, and feet being in some cases spotted.

Mr. H. E. ARMSTRONG had now in the Fever Hospital a family from York Street, Ouseburn, with the peculiar eruption, described by Dr. Charlton, on the hands and face; one of them now at the point of death.

Dr. DENHAM still continued to see a few cases of relapsing fever amongst the tramps who came to South Shields Workhouse. So far, there had been no fatal case, but the disease was evidently on the increase amongst that class.

Dr. TESSIER suggested some time ago the hypodermic injection of carbolic acid, which he had used in marsh fever in Mauritius with the best effect. His treatment was much more successful than that by quinine. With the latter the fever returned more frequently than by the former, though he had seen quinine given in doses of one hundred grains. The carbolic acid solution he used was four grains to the drachm.

PATHOLOGICAL TRAY.

Dr. PHILIPSON exhibited the kidneys, exemplifying Bright's disease of the kidneys, in its typical and complete stage, the condition designated the "small contracted kidney," from a man, aged 65, who had been under his care in the Newcastle Infirmary. One kidney was reduced one-third in size, and the other fully two-thirds. In both, the capsule was firmly adherent and laminated, the surface was granular, and, upon section, the tissue was hard, tough, and distinctly fibrous. The liver was cirrhotic. The urine contained a large amount of albumen, and clear waxy casts, of large size, an indication that the tubes which remained pervious were bare of epithelium. In addition, anasarca and ascites had been present.

Dr. PHILIPSON also presented a melanotic tumour, about the size of a large walnut, which Mr. Septimus H. L. Murray had removed from below the right breast of a gentleman, aged 45. The tumour had existed for about two years, had very slowly increased, and up to two months ago was not larger than a cherry, when the gentleman made an attempt to remove it himself, by encircling it with a horse hair. The procedure was followed by inflammation of the skin and rapid growth of the tumour.

On microscopical examination, the tumour was found to be almost entirely cellular, the cells being of moderate size, uniform, spherical, and non-nucleated, and filled with brown granules.

Dr. PHILIPSON expressed his opinion, that the tumour was simple in nature, but from its rapidity of growth, in time, might have assumed a malignant character, hence the propriety of removing such tumours.

Dr. ARNISON, in the absence of Dr. Heath, exhibited the right arm, with the scapula and half of the clavicle attached, which Dr. Heath had that morning removed from a man of 30, in the Infirmary. The case was one of eucondroma, involving the upper part of the humerus and part of the scapula, necessitating its entire removal. Only two vessels required ligature—the axillary and a small one at the back.

A CASE OF EPILEPSY: PARALYSIS, RECOVERY.

BY D. EMBLETON, M.D.

THE following brief account has been drawn up with the assistance of Mr. Carr, through whose kindness I saw this interesting case.

April, 1869. J. B., æt. 56, many years married, of nervous, excitable temperament, intelligent, active-minded, a good man of business, and of regular and temperate habits, has been subject, for sixteen years, to epileptic seizures, recurring at intervals of from one to six weeks; as a rule, one fit rarely followed immediately on another, though sometimes he had several in succession, the whole lasting four or five hours. They were excited by apparently slight causes, as a little dyspepsia, or trivial mental excitement.

The seizure came on gradually, consciousness being at first partially, and then wholly, lost; after this commenced the convulsions, which were often of the greatest severity, the tongue being severely lacerated by the teeth.

After lasting from a few minutes to four or five hours, the convulsions would cease, and he would fall into a heavy sleep, after which he had great heat and severe pain in the head, but at the end of about forty-eight hours he was well again. The attacks occurred most commonly at night. The bowels were generally torpid, and the tongue white. No cause has been assigned for the first coming on of his epilepsy; he has not been much given to venery, and no hereditary influence is known to exist in his case.

At the beginning of 1868 the attacks were occurring every two or three weeks, and there was seldom an interval of four weeks. He had a fit January 24th, another in the early part of February, and again a severe one in the beginning of March.

April 17th. Mr. Carr gave him ten grains of bromide of potassium three times a day; the dose was gradually increased to a drachm per diem, and no fit occurred from this date till July 22nd. On that day he walked a moderate distance, say three or four miles, in the great heat then prevailing; after which he became dull, heavy, and unconscious at times, but without convulsion, for two or three days; he seemed like a person suffering from sun-stroke, had intense headache, oversensibility to light, and his memory and other mental powers were much impaired.

Alteratives, aperients, and cold douches to the head seemed to relieve, and the bromide, which had been discontinued, was given again, until *the 6th of October*, when the affection assumed more of a convulsive character; his mental faculties were much weakened, and for two or three weeks his memory was hazy and imperfect.

After this, he complained that the bromide made him drowsy during the day; and as the attacks came on mostly at night—at

any part of the night from bedtime till morning, but without any regular periodicity—the bromide was given in one dose of a drachm at bedtime every night, and was continued thus until *February 22nd*, 1869, when his mind was observed to be vacant, he became lethargic, and complained of he did not know what—a state induced by mental irritation, owing to an unexpected vexation in business. On this day he was seized in an unusual manner; unconsciousness came on suddenly, and without warning, in bed, the head was then turned rather slowly over to the left side, the eyes turned upwards, their conjunctivæ suffused, and their pupils contracted, the rest of the body remaining quiet. This state lasted for about two minutes, and then rapidly subsided, the eyes and head resumed their former positions, and for the space of three minutes consciousness was quite restored, he was clear and bright in mind, could converse on any subject, and appeared in all respects like himself. At the end of the three minutes, the above-named convulsive movements and complete insensibility returned for the same time as before, and were again succeeded by a three minutes' interval of perfect quiet and lucidity.

This remarkable succession was continued with great regularity during the whole of that and the two following days.

I was invited to see him, with Mr. Carr, on the evening of the 25th. On this, the fourth day of these attacks, he had regular and complete epileptic convulsions, which occurred every few minutes, but without there being any return to consciousness or any sleep.

Next morning—the fifth day—we found the unusual phenomenon in epilepsy, complete paralysis of the left arm, the eyes deeply suffused, the pupils not dilated—they had been sensitive to light all along, and still were so. The convulsive attacks continued the whole day, and on the following day and night, gradually diminishing in frequency, but not in intensity. The paralysed arm participated actively in the convulsive movements. The stools were passed involuntarily, though the urine was not beyond the power of the will.

During the long continuance of these rapidly recurring convulsions, and especially after the arm was paralysed, we had formed a very unfavourable prognosis; indeed, we thought that death was nigh at hand. However, early in the morning of the 1st of March, the seventh day after the beginning of these peculiar seizures, they ceased, after having gradually become less frequent for two or three days.

The treatment consisted in the exhibition of the bromide of potassium $\mathfrak{Zss-i}$ twice a-day, keeping the bowels moving freely, and also the kidneys, by blue pill and colocynth, castor oil, and a saline diuretic mixture, with tincture of digitalis and ergot, from

time to time ; the nape of the neck was twice freely blistered, and the calves of the legs were also twice vesicated ; at the beginning of the series of the attacks, *i.e.*, on the 22nd February, and later there were four leeches applied behind each ear. Once the bowels were emptied by an enema of castor oil and turpentine. He was regularly fed with beef tea, sago, milk, &c.

After the cessation of the convulsions on March 1st, he was left in a state of great prostration of body and mind, but began directly after to improve, slowly at first, more rapidly after a time ; the brachial paralysis gradually passed off, and within a week was gone, the patient retaining no consciousness of it, no recollection of its occurrence. By the end of a month he was once more going about the house ; soon after that he drove out, and even attended to some small matters of business.

During this recovery, the bowels did not act regularly, but a teaspoonful of castor oil every morning sufficed to keep them so for a time, and afterwards a drachm of Epsom salts and a few grains of carbonate of magnesia answered the same purpose.

In August, his appetite was good, and he took plenty of food ; was allowed two glasses of sherry daily, and a tablespoonful of brandy in cold water at bedtime.

Up to the beginning of December, 1869, there had been no return of the fits or of paralysis, and the patient was better than he had been for many years, except that his memory was not quite so good as before. For the last three months he has taken $\mathfrak{z}\text{ss}$ of the bromide three times a day, and it agrees well with him.

February 10th, 1870. Mr. Carr favours me with the following notes of the further progress of the case :—

“Up to this date he has had no return, nor even any threatening of his fits ; his memory is almost, if not quite, as good as ever ; he is lively and cheerful, can attend to his business as well as ever, and is less irritable than he has been for years, and has improved in condition ; he suffers occasionally from headache ; is habitually costive in his bowels, and dyspeptic. The drowsiness occasioned by the bromide has entirely passed off, the only ill effect from the prolonged use of it is the blotchy eruption so often seen, chiefly on the face and back, attended by a good deal of itching. For several, at least four, months, the dose of the bromide has been reduced to $\mathfrak{z}\text{i}$ at bedtime, and $\mathfrak{z}\text{ss}$ more on alternate days, making an average dose of 75 grains per diem. This, so far, has sufficed to keep him under its influence, and to keep the fits at bay. Very nearly twelve months have now passed over without a fit, and although he had been subjected to almost every form of treatment during the long term of seventeen years, he never previously escaped an attack for longer than a month ; indeed, the fits mostly occurred every two or three weeks.”

Dr. CHARLTON said it was a query how far to consider paralysis due to effusion of blood. In this case the paralysis passed off so soon as to render it doubtful if such was the case, as the effects of effusion of blood usually took a longer time to remove.

Mr. FIELDEN had seen four cases of epilepsy in the last three months all treated with bromide of potassium—two of the cases with marked effect. One of seven years' duration, caused by fright on finding her child dead in bed, at first not frequent, but latterly so many as three or four in the day. Since the bromide was given, they have been once in seven days, more mild, and the general symptoms better. The second case was in a child of two years; two grains were given every four hours, and the fits reduced in frequency. In the other two cases, no good result has followed, though given in doses of one drachm three times a day.

Dr. EASTWOOD had seen, in consultation, a case complicated with maniacal excitement, which came on at night, and in the day the patient was heavy and dull, with no recollection of what passed for two or three hours. The case was obscure, but Dr. Eastwood diagnosed epilepsy depending on fullness of blood. Bromide of potassium was given in drachm doses three times a day, with blistering to the neck, and in a few days the patient could rest at night, and seemed nearly well. In Dr. Embleton's case, he thought the cause of the paralysis was probably not effusion of blood, but rather effusion of serum exuding in consequence of the slow current of blood in dilated vessels.

CASES OF LEUCOCYTHÆMIA.

By EDWARD CHARLTON, M.D.

Two cases of this somewhat rare disease have recently been under our care. One of these was in private practice, and proved fatal in the month of December last; the other is now in this hospital under treatment. It was our intention to have exhibited this patient before the Medical Society this evening, but an untoward accident, a slight cut in the hand, has produced such alarming hæmorrhage, that the patient cannot, with safety, be brought down stairs. The history of these two cases presents a remarkable similarity. In both, we have had the remarkable condition of the blood which has given the disease its name, viz., the undue preponderance of the white colourless blood cells. In health, these cells are only in the proportion of 1·373, according to Donders; while in this malady, they may constitute, in extreme cases, nearly a third of the whole blood. In both of our cases, there has existed a remarkable dis-

position to hæmorrhage ; in both, the skin has been remarkably blanched ; and lastly, in both, the spleen has been of enormous size.

The patient whom I saw in private practice first sent for me in December, 1868. He was then much blanched. The abdomen was very protuberant, and contained a small quantity of fluid (ascites), but its size was principally due to the enormous augmentation of the spleen, which extended to within two inches of the umbilicus, and downwards as far as the crista ilii. The pulse was weak, about 90, but at times it was more accelerated. He had had copious hæmorrhage from the bowels in June, 1868, and had also then some vomiting of blood. The hæmorrhage was then believed to arise from engorgement of the liver, consequent upon heart disease. On examining our patient, however, in December of that year, on the occasion of our first visit, we did not find the liver enlarged, but there was a well-marked systolic bellows murmur at the point of the heart, and which was still more intense along the course of the aorta. Mr. R. had been in America fifteen years previously, but had never suffered from ague. Under generous diet, with the citrate of iron and iodide of potass, he improved considerably, but the abdomen was still prominent, and the pallor of the skin continued. In May, 1869, we again saw him, he was then suffering from obstinate epistaxis, and what alarmed him the most was, the appearance of numerous spots of purpura on the legs and thighs. The pulse was very weak, about 110 ; the anæmic sounds of the heart persisted, but there was no increase of size in that organ, or in the liver. Gradually, he recovered his strength, and, after passing a good deal of blood by stool and some copious hæmatemesis, the splenic enlargement diminished greatly, though that organ still retained more than double its usual dimensions. Meanwhile, the patient so much improved, that in August and September last he undertook a second voyage to America, and remained two months in that country, traversing the United States from north to south, and returning home in the beginning of October. During this long journey, he told us he had excellent health and appetite, and was able to endure very considerable fatigue. On his return, his complexion was greatly improved ; he had, indeed, almost the appearance of a person in florid health, and he had grown generally stouter, so that the protuberance of the abdomen was less remarkable. I did not see Mr. R. again professionally till the end of November, 1869. He had been attacked on the 28th of that month with the most copious hæmatemesis, after having been out, as usual, attending to his business. The pulse was now exceedingly weak, and about 130 in the minute ; he had frequent wandering delirium, and in 24 hours he became perfectly blanched. There was still some systolic

bellows murmur, but the *spleen could hardly be felt at all*. There was much thirst, which was relieved by ice; gallic acid was likewise given, and he gradually again improved, after passing large dark stools, evidently consisting, in a great measure, of blood. On the 5th of December I found his pulse still nearly 130, and very weak, but he seemed, otherwise, better. On that evening, however, he began to sink, and expired early the next day.

The case we have now under our care is that of James Joyce, a labourer, æt. 30, who entered the hospital on the 6th January last. He tells us that he has been out of health for at least 18 months, and that two years ago he nearly bled to death after the extraction of a tooth. The same occurred just before his entry into the hospital, the hæmorrhage from the socket had not ceased when he came in. He is perfectly blanched, the gums have hardly any colour at all. Bowels slow, appetite not bad, has suffered a little from ascarides. The abdomen is remarkably protuberant, owing to an enormous enlargement of the spleen, which fills the whole of the left side of the abdomen, and extends three inches to the right of the median line at the umbilicus. The tumour retains the form of the spleen, and reaches nearly to the pubis below, and extends backwards apparently to the spine. The heart's action is regular, but there is a slight systolic bellows murmur at the apex. Pulse 80 to 88, regular. The blood, when examined under the microscope, presents a large proportion of white corpuscles, and some of the red corpuscles are very irregular in outline. We also observe a few instances of cells surrounded, as it were, by an additional membrane, such as have been noticed by more than one German author. The liver in Joyce's case is not enlarged, and there is very little ascites, and no œdema of the ancles. Nor have we as yet observed any purpura, as in the former patient. A fortnight ago, Joyce cut his hand slightly with a knife. It was such a wound as would not have bled for ten minutes in a healthy individual, but this patient lost at once nearly a pint of blood, and the hæmorrhage has returned from day to day, till nearly another pint of blood has been lost. He has been much debilitated by the bleeding, and at the same time the splenic tumour has diminished most materially in size.

We are endeavouring to improve the condition of the blood by various preparations of iron, while he has the best diet that can be given. The citrate of iron and iodide of potass, a combination which had so good an effect in Mr. R.'s case, does not seem in this present patient to have any beneficial influence.

The prognosis here is undoubtedly most unfavourable, the disease has already lasted as long as it usually does, and the case may terminate fatally by hæmatemesis or melæna, or by epistaxis alone, or without any of them he may sink from mere exhaustion.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No.1

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 8th DAY OF JANUARY, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		DISEASES	Newcastle.	Gateshead.							
	1 St. Andrew's.	2 Jesmond, Heaton, and Byker.	3 All Saints.	4 St. Nicholas'.	5 Elswick and Benwell.	6 Westgate.	7 Fenham and St. Andrew's.	Infirmary.		Dispensary.					15 Fever Hospital.	16 Children's Hospital.	17 Workhouse.	18 Vagrant Ward.	19 Gaol.	TOTAL.					POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.	
								8 In-Patients.	9 Out-Patients.	10 Central.	11 Eastern.	12 Western.	13 Elswick.	14 Out-Patients.						For the Week.	Corresponding Week last Year.				20 Western.	21 Eastern.	22 Dispensary.	23 Fever Hospital.	24 Workhouse.	For the Week.	Corresponding Week last Year.
Small-Pox.....	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	Small-Pox.....	..	..
Measles.....	3	..	..	..	..	..	..	..	..	3	14	..	..	..	1	..	1	..	Measles.....	..	..
Scarlet Fever	2	1	1	..	..	..	..	..	..	4	20	..	..	1	..	..	1	7	Scarlet Fever.....	..	..
Diphtheria	Diphtheria .....	..	..
Hooping Cough	3	2	..	..	..	..	..	..	2	1	..	..	..	6	4	1	..	19	9	3	1	..	..	..	4	..	Hooping Cough.....	2	..	
Croup	2	..	..	..	1	3	..	Croup .....	..	..
Diarrhoea	1	..	..	..	..	1	..	..	..	..	1	..	..	1	2	1	1	8	11	..	1	..	..	..	1	2	Diarrhoea.....	..	..
Dysentery.....	1	..	..	..	..	..	..	..	Dysentery.....	..	..
Asiatic Cholera	Asiatic Cholera.....	..	..
Erysipelas.....	1	1	..	..	..	..	..	..	..	..	..	..	2	3	..	..	..	..	..	..	2	Erysipelas .....	..	..
Continued Fever.....	4	..	..	..	..	..	..	..	Continued Fever .....	..	..
Typhus.....	9a	..	..	1	..	..	2	..	..	..	..	13	..	1	..	26	5	4	1	..	3	..	8	1	Typhus .....	..	1	
Enteric or Typhoid...	..	1	..	..	..	..	..	..	..	..	1a	..	..	..	..	..	..	..	2	2	..	..	2	2	..	4	..	Enteric or Typhoid....	1	..
Relapsing	Relapsing .....	..	..
Febricula	6	..	1	3	..	1	5	7	Febricula..	..	..
Ague.....	Ague .....	..	..
Rheumatic Fever.....	..	1	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	3	7	..	..	..	..	..	..	1	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh.	1	3	3	2	3	..	5	1	1	2	3	4	1	7	..	3	6	4	2	51	56	6	1	7	..	11	25	18	Bronchitis and Catarrh..
Influenza	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	2	3	..	..	..	..	..	..	..	Influenza .....	..	..
Pleurisy and Pneumonia	1	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	1	..	4	10	1	1	..	..	..	2	2	Pleurisy aud Pneumonia	..	..
Phthisis	2	2	3	..	1	..	1	..	7	3	..	1	20	18	2	1	3	5	Phthisis.....
Constitutional Syphilis.	2	..	1	1	..	1	2	2	2	11	11	Constitutional Syphilis..	2	..
All other Diseases	4	2	7	15	2	2	..	20	6	7	5	3	5	20	..	19	19	7	9	152	207	10	4	11	..	13	38	75	All other Diseases.....	10	1
Accidents	1	1	2	2	34	1	1	42	44	..	1	5	6	16	Accidents
TOTAL.....	7	15	12	26	5	3	13	29	41	22	11	11	6	37	13	30	39	15	15	350	431	28	11	29	6	27	101	136	TOTAL.....	15	2

a, sent to Newcastle Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Mr. J. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG.

11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.

16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

No 2

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 15th DAY OF JANUARY. 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.				TOTAL.			
	1	2	3	4	5	6	7	Infirmary.		Dispensary.				15	16	17	18	19	TOTAL.		20	21	22	23	24	For the Week.	Corresponding Week last Year.	For the Week.	Corresponding Week last Year.		
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.						Out-Patients.	For the Week.										Corresponding Week last Year.	For the Week.	Corresponding Week last Year.
DISEASES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle.	Gateshead.
Small-Pox.....	Small-Pox.....	..	..
Measles.....	5	..	..	..	..	..	..	..	..	..	5	5	..	..	..	3	3	6	..	Measles.....	..	..
Scarlet Fever.....	6	..	4	..	..	..	..	..	..	..	10	18	1	..	1	..	..	2	2	Scarlet Fever.....	..	..
Diphtheria.....	Diphtheria.....	..	..
Hooping Cough.....	3	..	..	..	4	3	..	1	..	6	6	..	..	23	7	2	..	..	2	4	..	..	Hooping Cough.....	4	..
Croup.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	Croup.....	1	..
Diarrhoea.....	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	2	..	6	7	..	..	..	..	..	..	4	Diarrhoea.....	1	..
Dysentery.....	Dysentery.....	..	..
Asiatic Cholera.....	Asiatic Cholera.....	..	..
Erysipelas.....	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2	1	1	..	..	..	..	1	..	Erysipelas.....	..	..
Continued Fever.....	1	..	..	..	..	..	..	..	1	4	..	..	..	..	..	..	..	Continued Fever.....	..	..
Typhus.....	2	2	..	6a	..	..	1	..	..	..	..	..	..	..	9	..	..	..	..	20	6	..	..	..	1	..	1	..	Typhus.....	2	..
Enteric or Typhoid...	1	..	..	..	..	..	1	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	1	Enteric or Typhoid....	..	..
Relapsing.....	Relapsing.....	..	..
Febricula.....	..	1	..	5	..	..	1	..	..	1	..	..	1	..	..	1	..	..	..	10	3	..	..	1	..	..	1	5	Febricula..	..	..
Ague.....	Ague.....	..	..
Rheumatic Fever.....	1	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	4	4	..	..	..	..	..	..	1	Rheumatic Fever.....	..	..
Puerperal Fever.....	Puerperal Fever.....	..	..
Bronchitis and Catarrh..	1	4	2	1	..	2	6	1	1	5	2	2	2	6	..	3	4	2	3	47	49	5	1	6	..	4	16	14	Bronchitis and Catarrh..	3	1
Influenza.....	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	Influenza.....	..	..
Pleurisy and Pneumonia	2	..	1	..	1	..	..	..	1	..	..	..	..	..	..	..	5	11	1	..	..	..	..	1	3	Pleurisy aud Pneumonia	..	1
Phthisis.....	..	1	1	..	..	..	..	5	1	..	..	2	..	3	1	1	..	1	..	16	27	1	2	4	..	1	8	5	Phthisis.....	..	1
Constitutional Syphilis..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	1	4	16	1	..	..	..	1	2	1	Constitutional Syphilis..	..	..
All other Diseases.....	5	1	15	3	3	2	..	15	7	8	5	8	1	38	..	30b	23	5	10	179	213	12	5	25	..	13	55	57	All other Diseases.....	5	..
Accidents.....	2	..	..	..	..	5	29	1	..	..	..	..	..	..	..	..	1	38	40	..	1	10	..	..	11	7	Accidents.....	1	..
TOTAL.....	8	13	22	19	3	7	12	27	38	27	11	23	4	49	10	42	36	10	15	376	412	24	9	47	4	24	108	100	TOTAL.....	17	3

a, all sent to Newcastle Fever Hospital; b, 4 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Mr. J. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

Mr. W. A. L'ANSON.
7 Mr. JON. DALGLEISH.
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19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.

21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 22nd DAY OF JANUARY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.						DEATHS.								
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.			PUBLIC INSTITUTIONS.			TOTAL.						
	1	2	3	4	5	6	7	Infirmary.		Dispensary.				Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.						Out-Patients.	For the Week.															Corresponding Week last Year.
DISEASES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	For the Week.	Corresponding Week last Year.	20	21	22	23	24	For the Week.	Corresponding Week last Year.	DISEASES	Newcastle.	Gateshead.			
Small-Pox	1	...	...	...	...	...	...	...	...	Small-Pox.....	...	...	
Measles.	1	...	...	...	...	...	...	...	1	15	1	...	...	1	1	3	...	Measles.....	...	...	
Scarlet Fever	1	...	...	...	...	2	...	...	2	2	2	...	...	...	...	...	...	...	9	13	...	1	2	..	...	3	12	Scarlet Fever.....	...	...	
Diphtheria	Diphtheria .....	...	...	
Hooping Cough	1	3	...	...	...	2	...	2	...	...	6	6	1	...	21	9	4	..	...	...	...	4	...	Hooping Cough.....	1	...			
Croup	Croup .....	...	...	
Diarrhoea	1	...	...	...	...	...	1	3	...	...	5	3	...	...	...	...	...	...	2	Diarrhoea.....	...	...	
Dysentery.....	1	...	...	1	..	...	...	...	...	...	...	1	Dysentery.....	...	...	
Asiatic Cholera	Asiatic Cholera.....	...	...	
Erysipelas.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	5	...	...	...	...	...	...	2	Erysipelas .....	...	...	
Continued Fever.....	...	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	Continued Fever .....	...	...	
Typhus.....	...	2	...	2a	...	4	3	...	...	...	...	1	...	...	3	...	...	...	...	15	7	...	...	...	3	...	3	...	Typhus	2	...
Enteric or Typhoid...	4	...	...	...	...	4	1	...	...	...	...	...	...	...	Enteric or Typhoid....	1	...			
Relapsing	Relapsing .....	...	...	
Febricula	4	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	7	4	1	1	...	...	...	2	6	Febricula ..	...	...	
Ague.....	Ague.....	...	...	
Rheumatic Fever.....	...	1	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	1	...	5	5	..	...	...	...	...	...	6	Rheumatic Fever.....	...	...	
Puerperal Fever.....	Puerperal Fever.....	...	...	
Bronchitis and Catarrh..	...	3	...	...	...	5	4	1	...	3	3	4	...	6	...	5	3	3	3	43	64	3	4	5	...	8	20	28	Bronchitis and Catarrh..	1	...
Influenza	1	...	...	...	...	...	...	...	Influenza .....	...	...	
Pleurisy and Pneumonia	2	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	5	6	...	...	...	...	1	1	1	Pleurisy aud Pneumonia	1	...			
Phthisis	1	1	2	...	...	...	3	...	1	5	1	...	8	...	..	...	1	...	23	28	...	...	1	...	2	3	11	Phthisis.....	...	...	
Constitutional Syphilis..	...	1	...	...	...	...	...	1	1	...	...	...	...	2	...	...	1	2	...	8	7	...	...	...	...	...	...	2	Constitutional Syphilis..	...	...	
All other Diseases	9	6	4	11	9	4	...	15	12	6	5	13	2	41	...	30b	14	7	12	200	223	22	5	27	...	10	64	44	All other Diseases.....	7c	...			
Accidents	6	33	1	1	...	1	...	...	...	...	...	...	42	34	...	2	8	...	...	10	18	Accidents	1	...			
TOTAL.....	9	17	6	21	10	15	14	26	46	15	23	22	5	57	7	42	28	16	15	394	429	31	13	43	4	22	113	133	TOTAL.....	14	0			

a, removed to Newcastle Fever Hospital; b, 2 In-patients; c, Apoplexy.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Mr. J. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
- Mr. W. A. PANSON.

7 Mr. JON. DALGLEISH.

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- 11 Mr. W. ANDERSON.

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- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

18 Mr. N. HARDCASTLE.

19 Mr. N. HARDCASTLE.

20 Dr. B. F. COOK.
- 21 Dr. G. DOUGLASS.

22 Dr. F. W. NEWCOMBE.

23 Dr. R. F. COOK.

Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 4

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 29th DAY OF JANUARY, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.							DEATHS.					
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.													TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle.	Gateshead.	
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.		Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.	For the Week.				Corresponding Week last Year.
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.												
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
Small-Pox.....	Small-Pox.....	...	...
Measles.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	7	...	2	...	1	1	4	...	...	Measles.....	...	...
Scarlet Fever.....	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	3	17	1	..	...	..	...	1	2	...	Scarlet Fever.....	...	...
Diphtheria.....	2	Diphtheria.....	
Hooping Cough.....	...	1	...	...	...	...	...	...	...	...	...	...	1	...	5	1	2	...	10	3	3	..	...	...	2	5	...	...	Hooping Cough.....	...	...
Croup.....	1	Croup.....	
Diarrhoea.....	...	2	...	1	...	...	...	...	1	...	...	...	...	...	4	...	2	...	10	6	1	1	...	...	...	2	2	...	Diarrhoea.....	...	...
Dysentery.....	2	Dysentery.....	
Asiatic Cholera.....	Asiatic Cholera.....	
Erysipelas.....	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	Erysipelas.....	...	...
Continued Fever.....	1	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	...	Continued Fever.....	...	...
Typhus.....	...	1	1	6a	...	...	1	...	...	...	...	...	...	8	...	...	...	...	17	5	...	...	...	...	...	...	...	...	Typhus.....	1	1
Enteric or Typhoid...	2	Enteric or Typhoid...	1	1	
Relapsing.....	Relapsing.....	
Febricula.....	3	...	...	3	...	2	...	...	...	...	...	...	...	...	...	...	...	...	8	2	1	2	2	...	1	6	5	...	Febricula..	...	...
Ague.....	Ague.....	
Rheumatic Fever.....	1	1	...	...	...	3	1	...	...	...	...	...	...	...	...	6	4	..	...	...	...	...	...	1	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	Puerperal Fever.....	
Bronchitis and Catarrh.	...	2	3	1	2	4	2	2	2	5	3	...	2	10	...	3	3	3	...	47	59	4	1	12	...	2	19	22	Bronchitis and Catarrh..	...	2		
Influenza.....	1	Influenza.....	
Pleurisy and Pneumonia	1	...	2	...	1	1	...	...	...	1	...	...	...	...	...	6	6	...	...	2	...	...	2	2	...	Pleurisy aud Pneumonia	...	...
Phthisis.....	1	1	1	1	1	2	1	5	...	..	...	1	...	15	23	1	1	1	...	1	4	7	...	Phthisis.....	4	...		
Constitutional Syphilis.	...	1	...	...	...	...	...	4	3	...	...	...	...	1	...	...	3	4	...	16	9	1	...	...	...	1	2	...	Constitutional Syphilis..	1	...
All other Diseases.....	5	3	8	10	2	9	...	24	8	3	6	7	3	28	...	24	15	9	7	171	194	13	8	19	...	13	53	39	All other Diseases.....	7	...		
Accidents.....	1	6	35	1	...	...	...	1	...	...	...	...	44	37	...	1	13	...	...	14	11	...	Accidents.....	2	...		
TOTAL.....	8	12	12	23	5	19	6	38	50	14	11	10	8	46	8	36	22	21	7	356	384	25	16	49	1	20	111	94	TOTAL.....	16	4		

a, All removed to Newcastle Fever Hospital.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

1 Mr. J. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. O. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

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22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
Dr. R. F. COOK.

NORTHUMBERLAND & DURHAM MEDICAL SOCIETY.

THE Sixth Monthly Meeting was held March 10th, 1870, Dr. GIBB, Vice-President, in the chair.

The CHAIRMAN said he was glad to be able to inform the members that the President was recovering from his late illness, but regretted that the Society had to deplore the loss of a very promising member, the late Senior House Surgeon to the Infirmary, Mr. Stanley Peacock, whose death was a great loss to the institution, for he had conducted himself, in a very difficult position, in such a manner as to gain the respect of everyone.

HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD.

SECOND REPORT FOR 1870.

By G. H. PHILIPSON, M.A., M.D.

THE returns for the four weeks, from January 30th to February 26th, 1870, contributed by the public medical practitioners of Newcastle and Gateshead, yield the following particulars regarding the health of these towns.

DISEASES.

The extent to which they prevailed in Union, Charitable, and Public Institutions, is shown in the following table. The new

cases of disease and injuries occasioned by accidents; the seizures from the zymotic division of diseases; and the total number of cases of typhus fever; having been arranged in vertical columns, corresponding to the different weeks.

Week ending Saturday.	New Cases of Disease and Injury.		Seizures from Zymotic Diseases.		Cases of Typhus Fever.	
	Newcastle.	Gateshead.	Newcastle.	Gateshead.	Newcastle.	Gateshead.
February 5.....	393	119	53	10	15	0
February 12.....	370	133	61	28	19	4
February 19.....	353	132	62	20	14	7
February 26	367	123	57	20	25	1

The total of the new cases of disease and injury, during the time under consideration, as compared with the total for the month of January, 1870, and the corresponding weeks of 1869, in both towns, have diminished. In Newcastle, the weekly numbers have varied between 393 and 353. The average of the four weeks is 321, against 369, the average of January, 1870, and 399, the average of the corresponding four weeks of 1869. In Gateshead, the weekly numbers have varied between 133 and 119. The average of the four weeks is 127, against 108, the average of January, 1870, and 141, the average of the corresponding four weeks of 1869.

The seizures from general diseases, dependent upon a morbid condition of the blood, in both towns, exhibit almost an equality with the numbers for the preceding three months. The weekly numbers, in Newcastle, have varied between 62 and 53, and in Gateshead, between 28 and 10. In Newcastle, the average of the four weeks is 58, against 70, the average of January, 1870, and 45, the average of the corresponding period of 1869. In Gateshead, the average is 19, against 19, the average of January, 1870, and 24, the average of the corresponding period of 1869.

Small-pox has been unrecorded in both towns.

Measles, in both towns, has continued very slightly in force. In Newcastle, the total for the four weeks is 14, and in Gateshead, 2.

Scarlet fever has continued to decline. In Newcastle, during the four weeks, 19 cases have been returned, against 26 in January; and in Gateshead, 9, against 7 in January.

Diphtheria, in both towns, has been unrecorded.

Hooping Cough has continued stationary. In Newcastle, during the four weeks, 42 cases have been returned ; and in Gateshead, 17.

Croup has been thus recorded. In Newcastle, 4 cases, recovery in all ; and in Gateshead, 1 case, fatal.

Diarrhœa and dysentery have been very little in force.

Asiatic cholera has been unrecorded.

Typhus fever, has continued prevalent. In Newcastle, the weekly numbers have been 15, 19, 14, and 25, making a total of 73 ; but as 6 of these cases have been stated to have been sent to the Newcastle Fever Hospital, and thus appear in two returns, 67 is the more correct total, which is 12 above the total of January, 1870, and 27 above the corrected number for four weeks of December, 1869, and 37 above the number for the corresponding period of 1869. The total admissions into the Newcastle Fever Hospital amounted to 38—32 typhus, and 6 enteric fever. In the corresponding period of 1869, the admissions from typhus were 13 ; in 1868, 33 ; in 1867, 21 ; and in 1866, 53. In Gateshead, the weekly numbers have been 0, 4, 7, and 1, making a total of 12, against 12 in January, 1870, 11 in four weeks of December, 1869, and 16 in the corresponding period of 1869.

Enteric fever has continued to be recorded. In Newcastle, during the four weeks, 7 cases, and in Gateshead, 6.

Puerperal fever has been thus noted :—In Newcastle, 1 case, recovery ; and in Gateshead, 4 cases, 1 fatal.

Under bronchitis and kindred affections of the chest, the weekly numbers have varied, in Newcastle, between 61 and 51 ; and in Gateshead, between 26 and 24. In the corresponding period of 1869, the highest weekly number, in Newcastle, was 77, and in 1868, 35 ; and in Gateshead, in 1869, 27, and in 1868, 10.

Under phthisis, during the four weeks, in Newcastle, 77 cases have been returned, against 82 in the corresponding period of 1869, and 42 in 1868 ; and in Gateshead 26, against 21 in 1869, and 13 in 1868.

DEATHS.

The annual rate of mortality in Newcastle ; the total registered, from all causes, in Newcastle ; the number under one year of age and sixty years of age, and upwards ; the number in public and private practice, from all causes and from zymotic diseases ; together with the total number in the public practice of Gateshead, have been arranged in the accompanying table :—

Week ending Saturday.	NEWCASTLE.								GATESHEAD
	Annual rate of Mortality.	Registered from all causes.	Under One Year of age.	Sixty Years of age and upwards.	In Public Practice.		In Private Practice.		In Public Practice.
					From all Causes.	From Zymotic Diseases.	From all Causes.	From Zymotic Diseases.	
February 5	31	78	21	13	19	2	59	9	3
February 12	29	75	17	10	15	2	60	12	4
February 19	32	81	26	11	20	4	61	11	2
February 26	26	66	16	6	14	0	52	7	3

The annual rate of mortality, in Newcastle, has varied from 32 to 26 per annum, to 1,000 persons living. The average of the four weeks is 29, against 28, the average of the four weeks in London, and 22 in Sunderland. In the corresponding weeks of the years 1868 and 1869, the averages, in Newcastle, were 25, and 34.

The total of the deaths registered, from all causes, in Newcastle, has fluctuated between 81 and 66. The average of the four weeks is 75, against 71, the average of the preceding four weeks, and 83, the average of the corresponding period of 1869, and 61, that of 1868. Of the 300 individuals who died during the four weeks, 80 were under one year of age, and 40 were sixty years of age and upwards, leaving 180 for the years of age intermediate.

From general diseases, dependent upon a morbid condition of the blood, during the four weeks, 8 deaths occurred in the public practice of Newcastle, and 39 in the private; and 6 in the public practice of Gateshead. In the corresponding period of 1869, 11 deaths occurred in the public practice of Newcastle from this class of diseases, and in that of 1868, 19.

From scarlet fever, during the four weeks, 10 deaths occurred in Newcastle, 1 in the public practice, and 9 in the private.

From hooping cough, during the four weeks, 3 deaths occurred in the public practice of Newcastle, and 19 in the private; and 1 in the public practice of Gateshead.

From fever, during the four weeks, 3 deaths occurred in the public practice of Newcastle, and 10 in the private; and 3 in the public practice of Gateshead.

From phthisis, during the four weeks, 9 deaths took place in the public practice of Newcastle, against 9 in the corresponding period

of 1869, and 8 in that of 1868; and in Gateshead, 1, against 1 in the corresponding period of 1869, and 3 in that of 1868.

METEOROLOGY.

The weekly mean of the temperature of the air of Newcastle, of the mean daily averages, as recorded at the Literary and Philosophical Institution; the mean of the temperature of the air of Greenwich; and the fall of rain in Newcastle, in inches, as recorded at the Literary and Philosophical Institution, are set forth in the following table:—

Week ending Saturday.	Mean Temperature of the Air (Fahrenheit).		Rain Fall at Newcastle L. and P. Institution. In Inches.
	At Newcastle L. and P. Institution.	At Greenwich.	
February 5	38·5°	42·0°	0·17
February 12	31·9°	32·4°	1·03
February 19	34·4°	30·7°	0·97
February 26	32·5°	36·9°	0·24

The weekly mean of the temperature of the air of Newcastle has varied from 38·5° to 31·9°, a difference of 6·6°, the highest being the mean of the first week and the lowest that of the second. At Greenwich, the mean temperature of the air has varied from 42·0° to 30·7°, which is from 4·1° above, to 7·5° below the average of the same period of the last 50 years (as determined by Mr. Glaisher.)

The total rain-fall, at Newcastle, in the four weeks, amounted to 2·41 inches, against 1·43 inches, in January. In the corresponding weeks of 1869, 1·66 inches fell, and in those of 1868, 1·26 inches.

Hereto, the weekly tables of diseases and deaths are appended.

PATHOLOGICAL TRAY.

Mr. BROADBENT showed diphtheritic casts of the trachea from a patient aged 28. He had caught cold, and the casts were discharged in forty-eight to fifty-six hours. Recovery quickly followed, with slight paralysis of the lower extremities.

Dr. WARD sent a specimen of aortic aneurism, which had burst into the trachea near its bifurcation. Dr. Ward had been hurriedly

summoned a few days previous, and found the patient dead, with blood in his mouth, and a large pool by the bed side. He had not previously attended the patient, but learnt that he had suffered much from difficulty of breathing, spitting quantities of mucus, and occasionally blood, and that frequently he could not speak above his breath.

In reply to the Chairman,

Dr. EMBLETON said he had in more than one case of aneurism given iodide of potassium in ten grain doses, but had not seen the benefit which, in some late cases, was said to have arisen from large doses.

Dr. ARNISON showed the upper part of the two cerebral hemispheres of a girl of 14, who had died after an illness of only thirty-six hours. She had been apparently in perfect health until the attack, which began with pain in the head and sickness, and ended with coma. The arachnoid was found thickly studded with miliary tubercles.

Dr. ARNISON also exhibited a girl of 10 years, whose knee joint he had excised a year ago. There was firm bony union, and the girl could walk perfectly well.

Dr. DRURY exhibited a tumour of labia pudendi with photographs, removed after death from a patient lately in the Sunderland Infirmary, under the care of Mr. Maling, jun. C. J., aged 38 years, was admitted into the Sunderland Infirmary on February 21st, 1870. She was extremely thin and emaciated, and suffering from profuse diarrhoea. A large tumour, of pyriform shape, reaching nearly to the knees, was found; evidently hypertrophy of the right labium. This tumour concealed one of like shape and appearance, though much smaller, on the left labium. These tumours were of about 14 years' growth; that on the right labium being discovered as a "*hard place*," about the size of a large bean, some nine months before that on the left labium was noticed. There was stillicidium urinæ; but the bladder was found nearly empty when a catheter was passed. She was ordered an astringent mixture and good nutritious food. She seemed to be improving in strength until March 4th, when diarrhoea again came on, with vomiting and distaste for food. This lasted without any abatement in spite of all remedies until the 6th, when she died. The largest tumour, viz.: that on the right labium, measured $15\frac{1}{2}$ inches in greatest length, and 13 inches in breadth at the base. The weight was $10\frac{1}{2}$ lbs. The two tumours were united in front and behind the vaginal orifice. There was no hair on the pubes.

Structure:—Hypertrophy of the skin, cellular, and adipose tissue.

Dr. ARNISON asked Dr. Drury if he knew the subsequent history of some cases of diabetes and Bright's diseases lately treated with

skim milk in the Sunderland Infirmary, and referred to a recent letter in the *Lancet*, from a gentleman who had tried the plan on a case of diabetes, and been compelled to abandon it.

Dr. DRURY said, in the first case which was tried the effect was magical ; in a few hours there was marked improvement which continued. The patient, however, was not cured, but was still passing urine of sp. g. 1.040, he was much improved in condition so long as he kept to the skim milk diet, but as soon as he took any other food he was worse. One of the cases which had been reported cured, died a few months afterwards of diabetes.

CASE OF SALIVARY CALCULUS,

By D. EMBLETON, M.D.

The calculus now presented for the inspection of the society came from the mouth of a middle-aged unmarried invalid lady, on the 8th of March. It had disengaged itself by inflammation and abscess from the duct of the submaxillary gland of the right side. How long it had been in forming cannot be exactly ascertained, but before the end of January considerable obstruction of the right Whartonian duct must have occurred, for the right submaxillary gland began to swell and be painful, and pain was felt in the right sublingual region ; any deficiency of saliva that might have occurred was not noticed by the patient.

About the 20th of February, there had been, for a few days, a hard lump or ranula under the right side of the tongue, causing great pain and swelling, and afterward discharging a quantity of pus, with which came a little tadpole shaped body, but white, and as if composed of white of egg ; after this there were three other softer swellings, which came forward and burst in succession, discharging pus and vermiform little bodies—probably formed of coagulated lymph or mucus.

The whole of the right side of the floor of the mouth was then swollen, very red and painful, and only fluid or pulpy food could be taken in small quantities.

The throat was not materially affected, the hearing was unaltered.

Great relief followed the discharge of the calculus, but there is still remaining a very hard little lump in the situation of Wharton's duct which may prove to be a second calculus. The present stone measures, in length, rather over $\frac{1}{2}$ inch ; and in diameter, rather over $\frac{1}{4}$ inch ; and its weight is 6 grains. It is, therefore, much less

than one recorded by Virchow, which was $1\frac{3}{8}$ inch in length.* The ordinary composition of such calculi is of phosphate of lime, with carbonate of the same and mucus.

Fremy found a salivary calculus from a new-born child to consist of tribasic phosphate of lime and mucus.

Robin and Verdeil, in their *Traité de Chimie Anatomique*, vol. 2, quoting Wright, Von Bibsa, and Golding Bird, give the composition of salivary calculi very variously ; thus, of carbonate of lime from 4.4 to 8.30 per cent., of phosphate of lime 4.20 to 75.00 per cent.

I suspect that the smaller numbers indicate the amount of carbonate, and the other larger that of phosphate of lime.

CASES TREATED BY CHLORAL.

BY DR. GIBB.

DR. GIBB contributed the following notes of cases treated by chloral in which he had recently administered that drug :—

A strong man, aged 25, twice ill before of delirium tremens, attended with outrageous delusions and violence ; was three months laid up on first occasion, and three weeks delirious on second. Was again attacked very severely after a prolonged drinking fit. Twenty-four grains of chloral were ordered. He fell into a natural and refreshing sleep in twenty minutes, and woke in five hours quite himself. He declared the effect of the medicine to have been magical. He swallowed a good sized beef-steak, took another doze of the medicine, had a good night, and betrayed no further symptoms of delirium, although he was weak, and required a few days' good feeding to bring him into good condition.

Administered thirty-grain doses to a strong middle-aged gentleman frequently ill of delirium tremens, and sometimes associated with frightful epileptic seizures. The effect was magical ; several hours' sleep always quickly followed, and recovery was perfect in a couple of days, although formerly, under morphia, the attacks were accustomed to last for one or two weeks, and the delusions were so furious as to require him to have a keeper for that time, and on one occasion to have two strong men always with him to prevent him doing injury.

* Year Book of Med. and Surg., 1861, New Sydenh. Soc.

An elderly man, accustomed two or three times a year to drink for several weeks together, becoming very violent and dangerous after the first week, and ending in delirium tremens, again began to drink, and after a week, to become violent and utterly sleepless, drinking himself dead drunk, and commencing again as soon as he recovered sense enough to take more. Placed under our care by his wife. We gave him 25-grain doses of the chloral every few hours for three days, at the end of which time he quite recovered his proper sense of propriety, forsook drink, ate regularly, and recovered. The dose of chloral always set him into a sound natural sleep in from one quarter to half-an-hour, which lasted two or three hours. He awoke somewhat stupid during the first day after the chloral was administered, but afterwards ate or drank nourishment, had another dose of the chloral, and went to sleep again. Six drachms of the chloral were given in all during the three days, at the end of which time he was quite himself, and took a two hours' walk by himself as a refresher without feeling the least desire again to indulge in spirits.

Consulted by a middle aged gentleman, retired from business, of very nervous temperament, devoted much to the violin. Had some quarrel with the gentleman living next door to him regarding the sale of some property, and soon after, and for some time past, has had delusions regarding his neighbours ; fancies he hears them shout through the walls to him, upbraiding him, and has many other similar delusions. Has of late fancied the persons living on the other side of him have also been shouting to him, and frequently lies awake almost all night listening. Begins to fancy people think him peculiar, and look at him as he passes them in the street. Tells these fancies to his wife, who is much alarmed, and although he admits they are delusions, nevertheless asserts that he hears and sees what he states. Is becoming thin, excitable, and anæmic—sleeplessness being the most prominent symptom, and night being the time when he is always worst. He was ordered to take twenty grains of chloral, if he found that sleeplessness continued for an hour or two after bedtime. The night after it was ordered he refrained from taking it until between one and two o'clock, after which he fell asleep in ten minutes, slept until late next morning, felt well the next day, and continuing to improve under regulated diet, occupation of mind, and regular out-of-door exercise. Has not required any more of the drug, and is now well.

20th January, prescribed 30 grains of chloral to a middle-aged woman in the Infirmary, who had scarcely slept for three nights, following the operation of excision, through the neck of the uterus by the ecraseur, and who continued to vomit everything she ate or drank. The chloral remained with her, gave her four hours sleep ; and after an interval of two or three hours of dosing another

natural sleep of three hours, after which the symptoms of vomiting and nervous exhaustion disappeared. Fatal peritonitis set in some days afterwards, when the chloral failed to have any beneficial effect on her.

January 20th, ordered 25 grains, at bed time, for a stout middle-aged man, unable to sleep for several nights from acute articular rheumatism, attended with excruciating joint pains and high fever—procured him two hours natural sleep—the first he had since the commencement of his attack, but on a succeeding night it threw him into an unconscious and delirious but sleepless state for the whole night, to the great alarm of the attendants, and was not again administered.

Prescribed a full dose, which was shortly repeated, for an elderly gentleman dying of cirrhosis of liver, attended with severe attacks of neuralgia and great sleeplessness, without producing the least relief or sleep, although a very small dose of morphia always gave him a sound refreshing night's rest.

Mr. LUKE ARMSTRONG stated he had given chloral in a good many cases, and considered it a most invaluable drug where the nervous system was the seat of the disorder.

In one case, a lady had been troubled with cramp during the last two months of her pregnancy, which increased to a frightful extent during her labour—the labour pains being considered quite trifling when compared with the cramp. After the labour was over the cramp still continuing, a large dose of morphia was given—and repeated at intervals of four hours for a whole day, but no relief was experienced—thirty grains of hydrate of chloral was then given, and within half-an-hour the patient was asleep, and slept for four or five hours, when she awoke; thirty grains more were given with the same result; when she awoke the second time she had no cramp—no pain. She continued well for a week, when she indiscreetly began to handle some cold linen, the cramp then returned worse than ever, coming on in paroxysms, not unlike tetanus, the jaw being locked and every muscle in the body appeared contracted. Chloral was again administered, and so long as the effect of the drug lasted there was no spasm nor any pain. Such being the case, she had thirty grains given to her twice a day for about a fortnight, when she was quite well, and has not had any return of the complaint.

Another case.—A child, 11 months old, suffering from convulsions, apparently of an epileptiform character. Bromide of Potassium and other drugs had been tried for some time with no benefit; four grains of chloral were given, the child went to sleep and slept for six hours. On awaking, another dose was administered; after having food, the child again slept for some hours, when he awoke

he appeared quite well. He had had no medicine since. His mother states he has been *threatened* with a fit once since, but it passed off, and he is now well.

Mr. WALPOLE had seen one drachm of laudanum given every two hours, and half a grain of morphia injected hypodermically without effect; but after one dose of chloral, the patient slept for ten minutes, awoke again, and after two more doses of chloral slept for ten hours, and awoke well.

Mr. ANTHONY BELL had used chloral sub-cutaneously with good results in toothache, sciatica, &c. He had given four ounces in six weeks to a patient with puerperal mania, with the effect of producing sound sleep in the paroxysms of mania, and leaving the patient for a length of time tranquil.

Mr. CLARK NEWTON thought that when chloral did not produce tranquil sleep its effects were exciting and disturbing. If given in large doses, the sleep was often less tranquil than with a moderate dose of half a drachm.

Dr. DRURY had tried it in the Sunderland Infirmary in three cases of bronchitis, syphilitic headache, and phthisis, with severe cough, all were much relieved. The case of syphilitic headache seemed at first worse, even with a dose of 75 grains, but in a short time he slept for an hour and a half. Mr. Maling had used it with success in cases of delirium tremens which had been treated previously by other means without success. Dr. Drury would like to know its effect on the heart.

Mr. H. E. ARMSTRONG asked if any one had tried it in the fierce delirium of fever?

Mr. T. O. WOOD had tried it systematically for some time. In acute mania it acted in from 8 to 10 minutes, producing sound sleep, the length of which he thought depended on the dose given, 40 to 60 grains producing about ten hours sleep. In the last case in which he had used it, one of general paralysis, 60 grains produced ten hours of sleep and the patient awoke much better.



Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 5]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 5th DAY OF FEBRUARY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.							DEATHS.				
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	Small-Pox.....	...	...
Measles.....	2	...	...	1	...	...	...	...	2	...	...	...	1	...	...	6	3	...	...	...	...	...	...	...	Measles.....	...	1	
Scarlet Fever.....	3	2	2	...	...	...	...	...	...	7	12	...	...	...	...	...	...	5	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	2	...	...	...	...	...	...	...	...	1	...	...	1	5	...	9	3	2	...	...	...	2	...	...	Hooping Cough.....	1	...	
Croup.....	Croup.....	...	...
Diarrhœa.....	1	...	...	...	...	...	...	...	...	...	...	...	...	4	1	1	7	6	...	...	...	2	2	4	...	Diarrhœa.....	...	...
Dysentery.....	1	2	...	...	3	3	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	3	...	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	1a	...	...	...	...	...	...	...	...	...	...	1	3	...	1	...	...	...	1	1	Continued Fever.....	...	...
Typhus.....	3a	...	...	2	...	...	2	3	...	...	5	...	...	...	15	12	...	...	...	...	...	...	4	Typhus.....	1	...		
Enteric or Typhoid...	1	...	...	...	1	4	...	...	...	...	...	...	...	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	1	1	...	...	...	...	1	...	...	...	...	...	3	6	1	...	4	...	...	5	15	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	2	...	...	...	1	...	...	...	...	...	1	...	5	5	...	...	...	...	...	...	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	2	3	5	...	1	3	3	2	...	3	4	1	1	19	...	1	8	1	57	72	5	4	8	...	6	23	24	Bronchitis and Catarrh..	3	2	
Influenza	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	3	...	1	...	...	1	2	...	...	Pleurisy aud Pneumonia	2	...
Phthisis.....	1	...	...	2	...	1	1	2	...	2	...	1	2	3	...	...	...	15	20	2	1	2	...	4	9	9	...	Phthisis.....	...	...
Constitutional Syphilis.	...	1	...	...	...	1	...	4	2	...	...	...	...	...	1	3	...	2	14	14	...	...	...	...	...	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	4	3	10	10	2	8	...	21	5	5	7	10	3	37	...	27b	28	7	14	201	221	14	9	23	...	11	57	71	All other Diseases.....	12	...
Accidents.....	1	...	1	6	35	1	44	45	...	1	17	18	7	...	Accidents.....
TOTAL.....	8	9	18	19	4	16	10	36	42	15	17	16	8	60	6	31	51	10	17	393	437	24	17	54	0	24	119	140	TOTAL.....	19	3

a, Removed to Newcastle Fever Hospital; b, 2 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Mr. J. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.
12 Mr. C. CABE.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
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- 16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 6

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 12th DAY OF FEBRUARY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.							DEATHS.				
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.					TOTAL.		
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.				Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.				
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.															Out-Patients.			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24					
Small-Pox .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Small-Pox.....	...	...
Measles. ....	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	2	10	...	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever .....	...	...	...	1	...	1	...	...	...	...	1	2	...	...	...	...	...	...	5	9	2	..	1	..	...	3	1	Scarlet Fever.....	...	...
Diphtheria .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Diphtheria .....	...	...
Hooping Cough	1	3	...	1	...	...	...	...	2	...	..	...	...	...	...	3	...	...	10	...	4	..	...	...	3	7	...	Hooping Cough.....	...	1
Croup .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	Croup .....	...	...
Diarrhœa .....	...	...	...	1	...	...	...	...	...	...	1	...	...	...	1	8	...	...	11	2	2	...	2	...	2	6	7	Diarrhœa.....	...	...
Dysentery.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	3	1	...	...	...	...	...	...	...	Dysentery	1	...
Asiatic Cholera .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Asiatic Cholera.....	...	...
Erysipelas.....	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	Erysipelas .....	...	...
Continued Fever.....	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	4	1	...	...	...	...	1	3	Continued Fever .....	...	...
Typhus.....	1	...	2	3 ^a	...	...	...	...	1	...	...	...	..	12	...	...	...	...	19	6	1	1	2	...	...	4	4	Typhus	1	1
Enteric or Typhoid...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	1	1	...	2	1	Enteric or Typhoid....	...	1
Relapsing .....	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	Relapsing .....	...	...
Febricula	1	...	...	3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	5	9	2	2	...	...	1	5	3	Febricula ..	...	...
Ague.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	Ague .....	...	...
Rheumatic Fever.....	...	1	...	1	...	...	1	4	...	1	...	...	...	...	...	...	...	...	8	3	1	1	..	...	...	2	4	Rheumatic Fever.....	...	...
Puerperal Fever.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	1	2	...	2	3	3	4	2	4	3	1	10	...	4	4	...	1	44	48	4	3	14	...	3	24	23	Bronchitis and Catarrh..	3	...
Influenza ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	Influenza .....	...	...
Pleurisy and Pneumonia	...	1	...	1	...	1	...	...	...	1	...	...	...	...	...	...	...	...	4	6	...	1	...	...	...	1	2	Pleurisy aud Pneumonia	3	...
Phthisis .....	...	1	1	2	...	...	...	2	...	...	2	...	1	...	2	2	...	1	14	23	1	...	4	...	2	7	2	Phthisis.....	1	1
Constitutional Syphilis.	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	6	1	3	13	16	...	...	...	...	...	...	2	Constitutional Syphilis..	...	...
All other Diseases	6	4	8	7	4	10	...	15	5	9	6	3	2	31	...	34 ^b	25	9	9	187	214	5	10	34	...	16	65	74	All other Diseases.....	4	...
Accidents .....	...	...	2	1	...	...	...	7	24	2	...	1	...	...	...	...	2	...	39	39	...	...	6	...	...	6	9	Accidents	2	...
TOTAL.....	10	12	16	25	7	15	6	29	29	18	13	10	5	44	12	42	51	12	14	370	398	23	18	64	1	27	133	135	TOTAL.....	15	4

^a, Removed to Newcastle Fever Hospital; ^b, 1 an In-patient.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

- 1 Mr. J. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.
12 Mr. C. CARR.
13 Mr. J. G. BLACK.
14 Mr. H. E. ARMSTRONG.
15 Mr. H. E. ARMSTRONG.
- 16 Mr. W. DODD.
17 Mr. N. HARDCASTLE.
18 Mr. N. HARDCASTLE.
19 Mr. N. HARDCASTLE.
20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

[No. 7]

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 19th DAY OF FEBRUARY, 1870.

DISEASES	NEWCASTLE.																				GATESHEAD.						DEATHS.				
	POOR LAW DISTRICTS.							PUBLIC INSTITUTIONS.												TOTAL.		DISEASES	Newcastle.	Gateshead.							
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	TOTAL.					POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.	
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.						For the Week.	Corresponding Week last Year.				Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
Small-Pox.....	Small-Pox.....
Measles.....	...	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	4	...	1	...	...	1	...	...	Measles.....	...	...
Scarlet Fever.....	...	2	...	2	...	...	...	...	2	...	...	...	...	...	...	...	...	...	6	9	1	..	4	..	5	2	...	Scarlet Fever.....	1	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	2	...	...	...	...	...	3	...	..	...	...	4	8	...	...	17	...	...	..	...	3	3	...	...	Hooping Cough.....	2	...	
Croup.....	1	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	Croup.....	...	...
Diarrhoea.....	1	...	2	3	...	...	6	9	...	...	...	...	...	3	...	Diarrhoea.....	...	...
Dysentery.....	1	1	...	2	1	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	2	...	...	...	1	1	1	...	Erysipelas.....	...	...
Continued Fever.....	1	...	1a	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	Continued Fever.....	...	...
Typhus.....	1	5	...	...	...	1	...	...	...	2	...	...	...	5	...	...	...	...	14	8	...	1	...	6	...	7	7	Typhus.....	1	1
Enteric or Typhoid...	2	...	...	...	...	2	2	...	...	1	...	1	2	...	Enteric or Typhoid...	...	...
Relapsing.....	Relapsing.....	...	...
Febricula.....	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	4	...	...	...	...	...	4	...	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	..	...	...	1	...	Rheumatic Fever.....	...	...
Puerperal Fever.....	1	...	...	...	1	...	...	Puerperal Fever.....	...	...
Bronchitis and Catarrh.	...	3	1	3	1	3	3	3	...	6	3	2	...	11	...	2	3	44	54	5	...	12	...	6	23	21	Bronchitis and Catarrh..	...	1
Influenza	Influenza ..	...	...
Pleurisy and Pneumonia	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	3	3	2	1	1	...	2	6	5	Pleurisy and Pneumonia	2	...
Phthisis	1	...	4	1	...	...	...	3	2	1	...	1	7	...	...	...	1	21	24	3	...	3	...	1	7	4	Phthisis.....	4	...	
Constitutional Syphilis.	3	...	...	...	1	...	...	...	...	2	...	...	2	2	...	10	9	...	...	1	...	1	...	...	Constitutional Syphilis..	...	...
All other Diseases.....	3	4	4	15	1	4	...	13	10	11	7	2	4	35	...	27b	19	7	9	175	216	14	6	30	...	14	64	93	All other Diseases.....	9	...
Accidents	2	30	2	...	...	1	...	...	1	...	1	37	39	...	...	11	...	...	11	10	Accidents ..	1	...	
TOTAL.....	5	16	6	38	3	10	5	21	43	26	13	5	5	57	7	35	37	10	11	353	389	26	9	63	6	28	132	151	TOTAL.....	20	2

a, Removed to Newcastle Fever Hospital; b, 2 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns:—

1 Mr. J. C. NESHAM.
2 Mr. H. W. NEWTON.
3 Mr. G. C. GILCHRIST.
4 Mr. JOHN HAWTHORN.
5 Mr. J. A. ANGUS.

6 Mr. W. A. FANSON.
7 Mr. JON. DALGLEISH.
8 Mr. S. PEACOCK.
9 Mr. S. PEACOCK.
10 Mr. H. R. ARMSTRONG.

11 Mr. W. ANDERSON.
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21 Dr. G. DOUGLASS.
22 Dr. F. W. NEWCOMBE.
23 Dr. R. F. COOK.
24 Dr. R. F. COOK.

Return of Union, Charitable, and Public Institutions of Newcastle and Gateshead.

NEW CASES OF DISEASE COMING UNDER TREATMENT DURING THE WEEK ENDING THE 26th DAY OF FEBRUARY, 1870.

DISEASES	NEWCASTLE.																			GATESHEAD.							DEATHS.				
	POOR LAW DISTICTS.							PUBLIC INSTITUTIONS.												TOTAL.		POOR LAW DISTRICTS.		PUBLIC INSTITUTIONS.			TOTAL.		DISEASES	Newcastle.	Gateshead.
	St. Andrew's.	Jesmond, Heaton, and Byker.	All Saints.	St. Nicholas'.	Elswick and Benwell.	Westgate.	Fenham and St. Andrew's.	Infirmary.		Dispensary.					Fever Hospital.	Children's Hospital.	Workhouse.	Vagrant Ward.	Gaol.	For the Week.	Corresponding Week last Year.	Western.	Eastern.	Dispensary.	Fever Hospital.	Workhouse.	For the Week.	Corresponding Week last Year.			
								In-Patients.	Out-Patients.	Central.	Eastern.	Western.	Elswick.	Out-Patients.																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			20	21	22	23	24						
Small-Pox.....	1	Small-Pox.....	
Measles.....	1	...	...	...	...	...	...	...	...	...	...	...	1	6	...	...	...	...	...	...	Measles.....	...	...
Scarlet Fever.....	1	...	...	...	...	...	...	...	...	1	4	1	...	...	...	1	5	Scarlet Fever.....	...	...
Diphtheria.....	Diphtheria.....	...	...
Hooping Cough.....	2	...	...	2	...	...	...	...	...	...	...	1	1	...	...	6	...	3	...	...	2	5	...	Hooping Cough.....	...	...
Croup.....	3	1	1	...	...	...	1	...	Croup.....	...	1		
Diarrhoea.....	1	...	...	...	...	...	...	...	...	...	...	...	9	...	...	10	6	...	...	...	...	...	7	Diarrhoea.....	...	...
Dysentery.....	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	Dysentery.....	...	...
Asiatic Cholera.....	Asiatic Cholera.....	...	...
Erysipelas.....	1	...	...	1	4	...	...	...	...	...	...	Erysipelas.....	...	...
Continued Fever.....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	Continued Fever.....	...	...
Typhus.....	...	1	12	...	...	1	...	...	...	1	...	...	...	10	...	...	...	...	25	5	...	...	...	1	1	1	Typhus.....	...	...
Enteric or Typhoid...	1	...	...	...	...	...	...	...	3	...	...	...	...	4	4	1	...	1	...	2	...	Enteric or Typhoid...	...	...
Relapsing.....	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	Relapsing.....	...	...
Febricula.....	1	...	...	...	...	...	1	1	...	...	3	7	...	...	...	4	7	10	Febricula..	...	...
Ague.....	Ague.....	...	...
Rheumatic Fever.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	2	2	2	Rheumatic Fever.....	...	...
Puerperal Fever.....	1	1	...	1	...	3	...	Puerperal Fever.....	...	1	
Bronchitis and Catarrh.	...	4	2	1	...	6	3	3	...	2	3	2	1	4	...	3	1	2	2	39	44	4	3	7	...	3	17	23	Bronchitis and Catarrh..	4	1
Influenza.....	1	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	Influenza.....	...	...
Pleurisy and Pneumonia	...	2	1	...	2	1	6	5	1	...	1	2	1	Pleurisy and Pneumonia	1	...	
Phthisis.....	3	...	1	1	1	...	1	...	1	...	6	1	...	15	15	1	...	1	...	2	4	6	Phthisis.....	4	...
Constitutional Syphilis.	2	2	4	7	1	1	1	Constitutional Syphilis..	
All other Diseases.....	4	3	11	5	3	5	...	20	18	8	3	5	1	27	...	54	15	5	9	196	210	9	11	31	...	9	60	72	All other Diseases.....	3	...
Accidents.....	1	10	36	1	48	37	...	2	15	17	10	Accidents.....	2	...	
TOTAL.....	4	11	25	14	3	17	10	36	55	13	8	8	2	39	13	59	29	8	13	367	362	24	17	57	1	24	123	138	TOTAL.....	14	3

a, 2 In-patients.

Medical Officers, &c., to whom the Society is indebted for the above returns :—

- 1 Mr. J. C. NESHAM.

2 Mr. H. W. NEWTON.

3 Mr. G. C. GILCHRIST.

4 Mr. JOHN HAWTHORN.

5 Mr. J. A. ANGUS.
- 6 Mr. W. A. FANSON.

7 Mr. JON. DALGLEISH.

8 Mr. S. PEACOCK.

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10 Mr. H. E. ARMSTRONG.
- 11 Mr. W. ANDERSON.

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- 16 Mr. W. DODD.

17 Mr. N. HARDCASTLE.

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19 Mr. N. HARDCASTLE.

20 Dr. R. F. COOK.
- 21 Dr. G. DOUGLAS.

22 Dr. F. W. NEW.

23 Dr. R. F. CO.

24 Dr. R. F.

